Care Quality Commission

Royal National Institute of Blind People

RNIB Pears Centre for Specialist Learning

Inspection report

5 Pears Court, Wheelwright Lane
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Coventry
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Tel: 02476369535

Date of inspection visit:
01 February 2018
15 February 2018
05 April 2018

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16 May 2018

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection took place on 1 February 2018, 15 February 2018 and on the 05 April 2018. The first and second day of our inspection visit was announced. We gave the provider 48 hours' notice of our inspection visit, so that we could be sure the registered manager and staff were available to speak with us, and that our visits would not disrupt the care children and young people received at the home. On the third day of our inspection visit we visited the service unannounced. This visit was primarily to determine how the home was being managed on a daily basis as the registered manager had left the service and a new leadership team had been appointed to manage the home and make improvements.

RNIB Pears Centre for Specialist Learning; 5 Pears Court provides specialist accommodation, nursing and personal care for up to six children and young people living with complex health and medical needs who require long term ventilation and / or other complex health requirements.

Five Pears Court is one of a group of specialist built bungalows at Pears Centre. The centre provides care for children and young people up to the age of nineteen. Four children or young people lived at 5 Pears Court at the time of our first two inspection visits. These four children / young people received accommodation and 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.

When we inspected on 05 April 2018 one child had been removed from the service by commissioners, due to concerns about their care and welfare.

There was a registered manager in post at the time of our first two inspection visits in February 2018. In April 2018 the registered manager had left the service. An interim centre manager was in place with recruitment underway for a new registered manager. A requirement of the service's registration is that they have a registered manager. 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.

This was the first time we had inspected the home under its current registration. The service had previously been registered under a different provider name under the RNIB legal entity. We have rated this service as Inadequate overall.

The ethos was to provide care to children and young people in a homely environment to encourage and support them with developing their social skills and provide them with opportunities to access education. There was a school and accommodation for children attending the school on the same site regulated by Ofsted.

We found safeguarding concerns were not always recognised by staff and managers when incidents

occurred at Bungalow 5. Staff and managers had not received the appropriate level of safeguarding training to meet the needs of children and young people at the home.

Risks to people's health and wellbeing were not always identified, and risk management plans were not always in place to instruct staff on how they should manage risks to people consistently and safely.

There were not always sufficient qualified and trained staff on duty to care for children and young people safely, and to meet their social needs. There was a lack of leadership for staff at the home, including clinical leadership.

We found there was no current analysis and overview of accidents, incidents, complaints, feedback and safeguarding concerns at the home to assess whether any trends or patterns were identified and future risks could be mitigated. The registered manager told us this was due to a lack of management resources at the Bungalow.

The registered manager and provider did not fully understand their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and work within the principles of this. Young people over the age of 16 were not supported as if they were adults, to make decisions in accordance with the MCA. Some clinical and nursing staff however did have an understanding of the Deprivation of Liberty Safeguards (DoLS).

Children's and young people's agreed care and support was reviewed by health professionals and commissioners of services. However, it was unclear from care records how children and young people had been involved in planning and agreeing their own care.

The provider sought feedback from children and young people's through questionnaires about Pears. However, it was unclear what action had been taken following this feedback. It was clear children and young people were able to make complaints about the service, which were documented.

Children and young people were not always supported in a way that respected their privacy and dignity. Children and young people were not always offered activities and social experiences that met their requirements and social needs.

The provider had quality monitoring processes which included audits and checks on medicines management, care records and staff practices. However, existing quality assurance procedures did not always identify where improvements were required. Quality monitoring procedures needed improvement to ensure these were undertaken regularly, to monitor service provision.

Staff were recruited safely. We found the home was clean and well maintained. Infection control procedures were in place to prevent the spread of infection.

Medicines were administered to children and young people safely by trained and competent staff. A medication 'champion' operated at Bungalow 5, who had responsibility for monitoring medication administration.

Permanent staff read children's and young people's care plans and received an induction and training programme to understand the needs of the children and young people they supported. Further regular training took place to update and refresh permanent staff's skills and knowledge.

Staff supported children and young people to access healthcare appointments to maintain their wellbeing. Health care professionals and advocates were involved in children and young people's care plans and staff followed guidance given by multi-disciplinary team professionals.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The registered manager and provider did not consistently report and investigate accidents, incidents and safeguarding issues when these arose. Children and young people did not always have up to date risk assessments and risk management plans in place to provide staff with the guidance they required, to ensure safe and consistent care. There was not always enough qualified and skilled staff to meet people's needs, and to ensure their safety. Staff at Pears had been recruited safely. The premises were clean and well maintained. Medicines were administered to people safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Where children and young people could not make decisions for themselves, paperwork was not in place to explain why people were not consulted about care decisions, which did not protect their rights under the Mental Capacity Act 2005. Permanent staff completed an induction and training so they had the skills they needed to meet children and young people's needs. Children and young peoples' nutritional and hydration needs were met and the guidance of dieticians was followed. Staff referred children and young people to healthcare professionals when needed and worked closely with healthcare and other professional therapists involved in children and young people's healthcare and support. The home was purpose-built to meet the individual needs of the children and young people living there.

Is the service caring?

Requires Improvement

The service was not consistently caring

Children and young people did not always have their privacy and dignity respected. Staff did not always speak to young people using respectful language that recognised their age and understanding. People did not always make their own decisions about how their care and support was delivered.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

Children and young people were not always supported to take part in social activities to allow them to form social relationships with people of their own age. Children, young people and their representatives were able to raise complaints and provide feedback about the service. Complaints were not routinely analysed to identify any trends and patterns, so that action could be taken to make improvements. There was end of life care planning in place for some children and young people, however, this information was not regularly reviewed and kept up to date. Health care plans were in place to enable staff to work with children and young people following their agreed plan.

Is the service well-led?

Inadequate

The service was not well led

There was a lack of management and clinical support available to staff at Bungalow 5 which affected the quality of care people received. Children and young people were asked for their feedback on how the service was run, however, feedback was not always acted upon. Quality assurance procedures required improvement to ensure quality checks and audits were regularly undertaken, and areas for improvement were identified.

Care Quality Commission

RNIB Pears Centre for Specialist Learning

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.

The first inspection site visit took place on 01 February 2018 and was announced. The inspection was to follow up on a number of concerns we had received from local commissioners and Ofsted. These concerns related to unsafe usage of equipment, the management of risks and the governance and leadership of the home. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Ofsted regulate services where children are supplied with educational support.

We announced the first day to be sure children and the management team would be available to talk with us. The inspection team consisted of one inspector, a specialist advisor and a member of CQC's Children's team. A specialist advisor is someone who has current and up to date practice in a specific area. They advise CQC inspection teams but are not directly employed by the CQC. The specialist advisor who supported us had experience and knowledge in providing nursing care to children and young people living with complex health conditions.

We told the registered manager that one inspector and a member of CQC staff would return on 15 February 2018 to gather further information.

We returned to the service to conduct a third day of inspection on the 5 April 2018, which was unannounced. The third day of our inspection visit was conducted by one inspector, and was undertaken because there had been a change in the management and leadership of Pears and Bungalow 5 following our inspection visit and further concerns had been raised by Ofsted. We therefore needed to gather further information about how Bungalow 5 would be managed and the quality of care would be improved.

As part of our inspection process we looked at and reviewed the Provider's Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR did not consistently reflect our findings at our inspection.

We also looked at the statutory notifications the provider had submitted to CQC. A statutory notification is information about important events which the provider is required to send us by law.

During our site visit we spoke with one person who lived at the home, but were unable to have meaningful conversations with the children and other young people, due to their complex health care needs.

We gathered feedback from staff during our inspection visit in February 2018 including the registered manager, an interim consultant registered manager, the clinical lead at RNIB Pears, the provider's nominated individual, the head of department, two nurses, a student nurse and two members of care staff. We also received feedback from a health professional who had regular contact with children and young people at the home.

On our third inspection day we spoke with a nurse, the Quality Strategy Lead, the Service Improvement Manager, a project manager, another interim registered manager, the new Nominated Individual and the provider's representative Quality Assurance Lead.

During our visits we looked at a range of records to assess whether the care children and young people needed was being provided including the four care files for all the children / young people at the home. We also looked at other records relating to children and young people's care such as medicine records and daily care records.

We reviewed records of the checks the registered managers and the provider made to assure themselves people received a quality service. We also looked at recruitment and supervision procedures for members of staff to check that safe recruitment procedures were in operation, and staff received appropriate support to continue their professional development.

Inadequate

Is the service safe?

Our findings

RNIB Pears, Bungalow 5 is a specialised service for children and young people who require nursing care for complex and life threatening medical conditions.

Nursing and care staff we spoke with completed regular training in safeguarding children and young people. However, the level of safeguarding training care staff, nurses and managers received meant they may not always identify signs of abuse, or neglect. It is recommended by the intercollegiate guidance (published by Royal College of Paediatrics and Child Health 2014) on safeguarding children, that staff who support children should receive Level 3 safeguarding training. We found staff and managers were trained to level 2.

Some incidents that had happened at Bungalow 5 were not always recognised by managers and staff as potential abuse. As a consequence we found that safeguarding concerns were not always being investigated and reported to the appropriate authorities and CQC. This meant learning from such incidents was also not being considered. For example, we saw a complaint that had been raised by a person using the service with the management team. This had not been reported and investigated as an allegation of abuse.

An incident occurred at the school with a child from Bungalow 5 in February 2018, between the dates of our inspection visits. A visiting health professional had questioned staff's understanding of health procedures, as they felt the child was not being cared for safely. The member of staff who received the feedback had not documented the incident in care records, and the manager had not reported this immediately as a safeguarding concern to CQC through our agreed notification procedures, as they did not recognise this as a safeguarding concern.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse.

Following our inspection visit on the 5 April 2018 the provider confirmed they would source external safeguarding training at Level 3 in April 2018 to be delivered to staff and managers in May 2018.

Risks to children and young people's health and wellbeing were not always identified, and risk management plans were not always in place to instruct staff on how they should manage risks consistently and safely. Full and up to date records are important to keep people safe, as children and young people at Pears were partly cared for by temporary staff, some of whom did not know them well. The provider told us they used, wherever possible, temporary members of staff who were familiar with the children and young people who lived at the Bungalow.

For example, three children and young people at the home had bed rails in place to prevent them from slipping or falling out of their bed. Bed rails were designed to fit specialist beds that were used according to each person's needs. There were no risk assessments in place to instruct staff on how bed rails should be used safely and consistently which placed children and young people at risk of harm.

Some children and young people were using specialist mattresses where they were at high risk of developing damage to their skin. We found one child's specialist mattress should have been set according to their weight, to ensure the correct pressure was used to protect their skin. The child weighed approximately 35Kg. On the first day of our inspection visit we observed the child's mattress was set at over 70Kg. The member of staff who was caring for the child explained they did not know what the mattress should be set at. There were no instructions on how to set the mattress available for them to check. The responsibility to determine the mattress settings was undertaken by an external contractor. We brought this to the attention of the registered manager during the inspection visit. On 15 February 2018 the mattress settings had been reviewed, the child's mattress was set at just over 33kg according to their weight. Information about children and young people's mattress settings was also being added to care records.

We were aware of a previous incident that occurred at the end of 2017 where a temporary nurse was unaware of safe levels of oxygen one of the children required to maintain their health. At that time care records did not contain the safe levels of oxygen (saturation levels) that were appropriate and healthy for each child or young person at the home. This meant that if levels fell, we could not be sure staff would respond appropriately. The confusion about the setting of saturation/oxygen levels was due to a child being moved from one bedroom to another, without the correct instructions and settings for their equipment being moved with them. Since this incident we saw levels were on display in children and young people's bedrooms to inform staff of each person's safe requirement, to mitigate the risk of this happening again. However, risk assessments and care records for each child did not document safe levels and how to mitigate the risks in monitoring and responding to low saturation levels.

We asked how equipment checks were undertaken when children and young people moved bedrooms to ensure equipment was set at the correct levels during and after the move. The managers we spoke with confirmed no risk assessments were in place to ensure people were moved safely. We found this put people at risk of receiving unsafe care.

We found the maintenance of equipment was not always managed to ensure children and young people received safe treatment. An incident occurred in February 2018 where a child attending school did not have a charged suction machine which could be used straight away in an emergency. Risk assessments clearly stated all machines should be regularly checked and charged before leaving the Bungalow. In addition, there was an instruction in the child's care records a second charging unit or suction machine should be available, as a back-up option. We were later told by the provider that a nurse had assessed that only one suction machine was required to support the child. However, care records had not been updated to reflect this and risk assessments did not show this. The child was identified at being at risk if they were not regularly suctioned to remove secretions they could not remove themselves. This was to prevent fluid blocking nasal or oral pathways.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

The provider confirmed following our inspection that they had reviewed risk assessments for all the children and young people at Bungalow 5 in April 2018.

The provider told us they had experienced challenges with regard to the recruitment of permanent nurses. They were actively trying to recruit two permanent nurses and said recruitment campaigns would run until these roles were filled. The provider told us they covered these vacancies by employing agency nurses who were familiar with the children and young people who lived at the Bungalow. This was to enable continuity of care wherever possible. Procedures were in place for nursing staff to be available 'on call' during the day if

there was not an assigned nurse on duty. However, due to the lack of a clinical leader at the Bungalow, when a nurse was not available to support care staff, there was not always an 'on call' arrangement out of office hours which offered staff support by a trained nurse who could provide clinical guidance. The emergency back-up procedure in this instance was to call 111.

According to the provider's own staffing model, staffing levels were insufficient to ensure children and young people received safe care and treatment when they were outside the Bungalow. For example, on one young person's care records it stated they required two staff to assist them when outside the Bungalow. As the children and young people attended school some of the time, we asked about the staffing levels to support them during school hours. The manager told us one member of care staff took them to school, and when at school they were with a teaching assistant in the classroom.

The interim registered manager later told us each child or young person required a minimum of one trained and competent member of staff with them. A competent member of staff had received training in how to support the child or young person with their complex health care. The competent member of staff could then be supported by another staff member who had received a lower standard of training (determined by the provider). However, one child attended school outside the Pears site. We were not assured this person had the right levels of trained staff in place to support them. A member of staff told us, "I feel confident to react in an emergency without a nurse present, but only as long as I have support from another competent member of staff."

We found that competent care staff who supported children and young people at school, were unable to take breaks regularly during their working hours. This was because there was no provision for other qualified staff at the school to provide cover. One member of staff told us, "I feel that there is not enough time to take care of our own personal care." The provider told us other competent staff could be called upon to assist, but they would need to be brought over from Bungalow 5 to do so. Arrangements were not in place to provide staff with regular breaks.

The registered manager told us they were due to leave RNIB Pears in March 2018 and were responsible for the management of the whole site which included four further bungalows and the school. They told us this had limited the time they had to manage the service at Bungalow 5. There were two vacancies for deputy managers at Bungalow 5 which were being recruited to. This meant the provider did not have a competent dedicated leader in place at Bungalow 5 on a daily basis.

We found there was no analysis and overview of accidents, incidents, complaints, feedback and safeguarding concerns at the Bungalow to assess whether any trends or patterns were identified and future risks could be mitigated. The registered manager told us this was due to a lack of management resources at the home.

There was no clinical lead nurse allocated to Bungalow 5 on a daily basis. The provider confirmed they had an agreement in place, following our inspection visit, with the local South Warwickshire NHS foundation trust, Community Children's Nursing team to provide clinical support to nursing staff at Bungalow 5 as an interim measure. A nurse would attend the Bungalow one day per week from NHS, in addition to the current nursing staff at RNIB, to provide some clinical supervision. This extra support had been arranged by the third day of our inspection visit, so that some clinical guidance was available for nurses.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Following our inspection visit on 5 April 2018 the provider confirmed a clinical leader with the appropriate nursing credentials would be appointed for Bungalow 5 as soon as possible. The provider later advised us that interviews for this role were being held in April 2018.

Following our inspection visit on 5 April 2018 the provider confirmed they would review all staffing needs at Bungalow 5 to assess the level of support each child or young person required to support them safely.

There were sufficient care staff and nursing staff on duty when children and young people were at the Bungalow during our inspection visits. Each person was assigned a member of care staff 24 hours per day, 7 days per week. In addition to these staffing levels there was usually a nurse on duty at the Bungalow.

The children and young people we met were unable to talk with us, or did not wish to speak with us, during our inspection visit due to their complex health needs. However, we saw children and young people did not hesitate to ask staff for their assistance, which showed they felt comfortable around staff members.

The provider checked the character and suitability of staff before they were appointed to work at Bungalow 5. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with children or young people who use services. Permanent staff and consultants who were temporary members of staff told us these checks had been completed before they began working at Pears.

We found the home was clean and well maintained. Infection control procedures were in place to prevent the spread of infection. Staff adhered to current infection control guidelines to prevent the spread of infectious diseases.

Staff who administered medicines received specialised training in how to administer medicines safely; they completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. A medication 'champion' was appointed at Bungalow five who had responsibility for the monitoring of medicine administration. There were auditing and checking procedures in place to ensure children and young people always received their daily medicine.

We found medicines were stored securely. Medicines were monitored to ensure they were stored at the correct temperatures, so they remained effective. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed. MARs contained a photograph of the child or young person so that staff could ensure the right person received their medicines. However, we found that some MAR records were not kept up to date, for example, one young person's MAR had medicines listed that they no longer required. This meant there was a risk children or young people would be given medicine when it was not needed.

Medicines were stored in each child's or young person's room, which reduced the risks of errors of different people's medicines being given by mistake. The MARs we checked confirmed children and young people received their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

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 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 are called the Deprivation of Liberty Safeguards (DoLS).

Most of the children or young people at the home had their care and support packages agreed by commissioners and social care professionals legally assigned to assist them, as they did not always have parents involved in planning their care.

We saw care records did not document where children and young people had been involved in consenting to their care, or making decisions about their care. The MCA applies to everyone aged 16 and over. One person at the home was 16 and another person was over the age of 18, and therefore categorised as an adult. This meant they should be consulted about their care and support needs and be asked to consent to their care and treatment, or where they lacked capacity to make these decisions, the MCA should be applied. Their age meant their parents or others should no longer be asked to consent to their care on their behalf, although if the young person agreed it would be appropriate to involve others in the discussions.

Where children and young people lacked the capacity to make all of their own decisions, mental capacity assessments had not been undertaken to establish what support was needed for the person to be involved in making specific decisions. Mental capacity assessments should be time and decision specific, according to each decision made. Where decisions were made on behalf of the person there were not always documents in place to explain how decisions had been reached, and who had been involved in the decision making process when they were in the person's 'best interests'.

We found the registered managers and provider understood the MCA legislation in part, and had reviewed one young person's care needs to assess whether they were being deprived of their liberty, or their care involved any restrictions. An application to authorise some restrictions had been sent to the local authority for review. However, a mental capacity assessment was not recorded to show how they had reached the decision that the young person could not make their own decision about these restrictions.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent

Following our inspection visit in April 2018 the provider confirmed training had been arranged for staff to update their knowledge around MCA and DoLS. The provider confirmed they would undertake the appropriate mental capacity assessments for the young people in Bungalow 5 by the end of April 2018. The provider later confirmed they had completed the relevant mental capacity assessments for the children and young people at Bungalow 5.

All staff received an induction when they started work at Bungalow 5 which included working alongside experienced care staff and nursing staff. Induction courses were tailored to meet the needs of children and young people who lived at the home, and the different roles each member of staff performed. Nurses were provided with clinical updates to their training, and care staff were provided with training to meet the needs of the children and young people they supported. For example, care staff had NVQ level 3 in childcare or an equivalent qualification and medication training. Care staff were also trained with advanced care skills which included supporting children and young people on long term ventilation, changing tracheotomy tubes and undertaking oral and nasal suction when needed.

Staff told us their training was then kept up to date, and their skills were refreshed so they continued to be competent in their role. Care staff told us they received regular support and advice from the nurse on duty, which enabled them to do their work. There was an 'on call' telephone number staff could call outside office hours to speak with a nurse if one was not on site.

Regular team meetings and individual meetings between staff and their managers were held. These gave staff an opportunity to discuss their performance and any training requirements.

Before children and young people were admitted to the Bungalow, commissioners of services visited RNIB Pears to assess whether it would meet children and young people's health and social care needs. A written pre-assessment was undertaken with the commissioner of the service to further ensure the home could meet the needs of children and young people being placed there.

No-one at the home was able to ingest food and fluids independently. All of the children and young people at the home received nutrition through a specialist feeding tube which met their needs.

Children and young people were supported to maintain their healthcare needs and had access to healthcare services. Staff worked closely with other healthcare professionals, such as cognitive behavioural therapists, speech and language therapists and physiotherapists in developing and following person centred healthcare packages designed to meet children and young people's specific needs. These plans were reviewed regularly to continue to meet changing needs. Advice from health professionals was transferred to care documents.

We received feedback from a health professional employed at the service to advise on Speech and Language (SALT) needs. They explained they regularly reviewed the communication needs of people at the home, to ensure records were up to date, and children and young people's individual communication needs were identified.

Each child or young person had their own room and were able to decorate or furnish their rooms how they wished, according to their personal health and care needs. In each bedroom we saw children and young people had pictures of family and friends around them, favourite pop starts or cartoon characters.

The environment at the home was designed to assist children and young people with moving around the home safely. For example, the corridors were wide and flat, with smooth floors, and were accessible for children and young people with specialist wheelchairs to move around easily.

Requires Improvement

Is the service caring?

Our findings

Children and young people were not always respected by staff and their privacy and dignity was not always maintained. For example, on the first day of our inspection visit we saw children and young people's doors to their bedrooms were kept open all of the time. On two occasions we saw children and young people were provided with intimate personal care, whilst their bedroom door was open. Visitors and staff were able to see into the room, and hear conversations. We brought this to the attention of staff who told us, "It is our policy to leave the door open, so if staff need support they can call for help." We immediately raised this with the manager explaining this did not respect children's and young people's right to privacy.

On the second day of our inspection visit we found staff had been asked to provide children and young people with personal care in their rooms, out of sight of the doorway. In addition each person's room had a sign outside their door, which staff used to indicate personal care was happening in the room, whilst this was in progress. This meant additional staff did not enter the room unless there was an emergency situation. The manager explained this system protected children and young people's privacy and dignity without compromising their safety.

On the first day of our inspection visit we saw staff interact with children and young people at the home. On one occasion we were concerned about the language one member of staff used to support a young adult, as they spoke to them in a way that did not reflect their age or cognitive understanding. We brought this to the attention of the manager during our inspection visit. On the second day of our inspection visit the manager had briefed staff about the correct language and communication they should use at the home.

Staff told us they enjoyed working at the home. One said, "I like it here. I enjoy making people's lives better." Another staff member said, "Staff care here and people are happy."

Care planning was centred on the individual and in line with health care and other professional involvement with people, such as physiotherapists, occupational health and speech and language therapists. People's advocates or representatives were asked whether children and young people had any specific cultural or religious needs during their initial care planning, and children and young people were also assessed to see how best staff could communicate with them.

Communication with children and young people who lived at the home was specialised, for example some children and young people could not communicate through verbal speech. We saw communication care plans had been written which detailed each child and young person's preferred method of communication. A health professional told us they worked with staff to help them understand individual communication needs. They commented that further training with staff was planned in this area.

Some children and young people had sensory impairments such as sight loss. The manager told us that information using alternative formats, such as audio, was available for people who needed this. Pictorial images were used alongside written formats for people without a visual impairment, with large print to make information 'easy to read'. One young person was able to use technology to assist them with

communication by using a tablet computer.

Because the home was set up to support children and young people, there were restrictions placed on who could visit at the home. However, when arrangements were made by visitors to come to the home, there were places they could meet and socialise with the children and young people. This included communal lounges and dining areas, as well as people's bedrooms.

Where children and young people were able to make choices about who visited them, and could maintain links with family and friends of their choice, they were supported to do so.

Requires Improvement

Is the service responsive?

Our findings

The provider's own records demonstrated that children and young people's social needs were not always being met. Staff explained that social activities, interests and hobbies were a recognised part of children and young people being able to live as full a life as possible. For example, one young person's care records documented they would like to do more. In another young person's feedback to a survey they stated they would like to go out more often. It was not documented what had been organised in response to their wishes.

One member of staff told us, "I do not think that the young people have enough mental and social stimulation. This could be because we do not have the correct staffing ratios. Sometime we are just too busy to spend time with the young people. Then there are times when the young people are not interested as unwell or too tired."

Children and young people had personal activity logs in place to record how many activities they took part in each day, and whether they enjoyed these, to assist with planning future activities. However, we found these logs were not always kept up to date and staff were not always planning daily activities in advance. This did not provide the children and young people with activities that met their social needs.

Some staff told us children and young people could choose each day what they wanted to do according to their health. We saw children and young people were unable to 'go out' without extra staffing resources being in place. On the last day of our inspection visit the provider told us some children and young people had been taken to the theatre during the Easter break. However, when we asked staff no-one at Bungalow 5 had attended the trip. Staff told us staffing levels had not allowed the children to attend, as there was no driver available. This demonstrated that a lack of planning impacted on the social experiences of the children. The provider told us following our visit in April 2018 that Activity Plans for the all the young people in Bungalow 5 would be reviewed and updated by the middle of April 2018.

Children and young people were expected to attend school up to five days each week, as part of their daily routine, and to interact with people of their own age. However, we found attendance figures, kept by the school showed attendance ranged from 3% to 80% attendance. This was in part due to children and young people's complex health needs. We could not be sure whether a lack of attendance related to shortages in staffing numbers, and whether children and young people were given the opportunity to attend school each day.

Children and young people had care records in place to document the care and support they received each day. Care plans showed their likes and dislikes, and also showed their healthcare needs. As children and young people had complex health conditions records were important to show in detail the support required, and what action staff needed to take to ensure safe and effective care was provided. We found that some children and young people's care records were not up to date, and some records were not consistent in the information they provided. For example, risk assessments and risk management plans.

Care records for some children and young people documented arrangements for end of life care. However, we found these records were not always up to date, and did not document they had been discussed with young people's advocates and the child or young person, and whether they remained valid as children's health and circumstances changed. This put children and young people at risk of receiving inconsistent care.

Staff were kept updated at daily handover meetings by the nurse at the start of each shift. Staff explained the information was recorded in children and young people's daily records, so that staff who missed a handover meeting could review the records to update themselves. One staff member said, "The handover is really important as the young people have complex healthcare needs, any changes in their condition can mean changes to their medicines and treatment plans."

There was information about how to make a complaint and provide feedback on the quality of the service at the home. Previous complaints had been logged and responded to by the manager and provider. Complaints information was entered onto a log so that the information could be analysed to identify and patterns and trends, so that action could be taken to continuously improve the home. Due to a lack of management resource at the home the manager told us they had been unable to complete an analysis of this data.

Inadequate

Is the service well-led?

Our findings

There was no permanent registered manager at the home at Pears or the Bungalow at the time we completed our inspection. Since we first visited the service in February 2018 in anticipation of the departure of the permanent registered manager, the provider had appointed an interim registered manager. However, the interim registered manager left Pears shortly after their appointment. The provider then arranged for their permanent safeguarding manager to lead the Pears Centre as an interim centre manager until a new registered manager was recruited. The provider told us recruitment was on-going and two deputy managers would be recruited to support the new registered manager at Bungalow 5. New recruitment would also include a clinical leader for Bungalow 5 with interviews taking place in April 2018.

We found systems to monitor the quality and safety of care people received were not effective. The provider's own quality assurance systems had failed to identify areas of concern at Bungalow 5. For example, the provider's own auditing systems had failed to ensure that managers and staff were following the principles of the Mental Capacity Act 2005 (MCA). This did not protect people's rights to make their own decisions, where they could.

The provider had failed to respond sufficiently to the concerns of CQC following the first two days of our inspection visit. This did not ensure children and young people received safe care that met their needs and preferences.

As a consequence of a lack of leadership, we found that care records audits and checks were not conducted by the manager or the provider to ensure records were consistent, and included all the information needed to support people.

At the time of our inspection we found records and risk assessments were not always up to date, to ensure children and young people received consistent care that met their needs. Systems and processes had not identified the impact of a lack of up to date records, and how these could affect the quality of care delivered at the home. This was exacerbated because nursing and care staff were not always permanently employed at the home, which meant they did not always know people well.

There was a lack of leadership and management support at the Bungalow and the provider's systems had failed to ensure there were always sufficient qualified and skilled staff available to meet children and young people's needs. For example, on occasions nursing staff were not at Bungalow 5 to provide clinical guidance to care staff. There were no deputy managers to provide support to staff and nurses on a daily basis, and to perform regular checks and audits. The registered managers were unable to devote all their time to the service, as they were responsible for other duties on the site.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

In response to previous inspections by Ofsted the provider had an action plan in place to address some

areas of concern at Pears Centre. Following a recent Ofsted inspection the home had agreed a placement stop with Ofsted for the whole site. This meant the provider was unable to accept any new admissions to the home (and Bungalow 5) until Pears Centre made improvements and the placement stop was removed.

Following our inspection visits in February 2018, we wrote to the provider about our concerns regarding the safety of children within Bungalow 5. In response, the provider had prepared an action plan for CQC to address the issues we raised with them. However, this action plan required review following the leadership changes made at the home during March 2018. We have asked the provider to update us on a weekly basis.

As part of the provider's action plan a new auditing schedule and auditing tools were being prepared to be rolled out in April 2018.

In response to concerns identified by CQC, Ofsted and commissioners of services the provider had brought in a completely new management team. The newly appointed management team consisted of the deputy CEO of Pears, a new Nominated Individual from RNIB Pears senior management team, an interim registered manager employed by RNIB Pears who had previous registered manager experience, and several quality assurance consultants.

On 5 April 2018 the Charity Commission for England and Wales announced that it had opened a statutory inquiry in relation to the provider "over concerns about the safeguarding of vulnerable beneficiaries" at Pears. The provider told us that it would be co-operating fully with the Charity Commission in relation to its inquiry.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person. Where service users were 16 and over the registered person was not acting in accordance with the 2005 Mental Capacity Act.

The enforcement action we took:

Impose a condition of registration regarding the assessment of risk and staffing levels at Bungalow 5

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always assessed and mitigated against to provide safe care and treatment. Equipment to ensure people were cared for safely was not always used in a safe way. Not all staff providing care and treatment to service users had the qualifications, competence and skills to do so safely.

The enforcement action we took:

Impose a condition of registration regarding the assessment of risk and staffing levels at Bungalow 5

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not always protected from abuse and improper treatment, because systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

The enforcement action we took:

Impose a condition of registration regarding the assessment of risk and staffing levels at Bungalow 5

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always established and operated effectively to ensure compliance with the Health and Social Care Act 2008. The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.

The enforcement action we took:

Impose a condition of registration regarding the assessment of risk and staffing levels at Bungalow 5

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to meet people's needs.

The enforcement action we took:

Impose a condition of registration regarding the assessment of risk and staffing levels at Bungalow 5