

# Royal National Institute of Blind People

## RNIB Community Living Service Redhill

### Inspection report

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Date of inspection visit:  
09 January 2018  
16 January 2018

Date of publication:  
07 February 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

RNIB Domiciliary Community Living Service - Redhill (RNIB CLS) provides personal care to people either living in their own independent accommodation or in one of the service's supported living properties. The service offers specialist support to adults with visual impairment or sight loss. People may also have additional learning disabilities, emotional or mental health needs. RNIB CLS supports people across a range of locations; at the time of our inspection, the service was providing the regulated activity of personal care to 15 people across four locations. Other people received a service which fell outside the remit of registration. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection took place on 9 & 16 January 2018 and was announced.

The inspection was facilitated by the registered manager. 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.

We last inspected RNIB CLS in May 2016 where the service was rated as Requires Improvement overall and two breaches of regulations, relating to consent and the appropriate assessment of people's needs were found. That inspection highlighted significant concerns with the way in which a large scale redevelopment project had been managed. The project had involved the moving of some people from their homes in Redhill to new locations and the communication, planning and execution of that move had not been done in a way that met people's needs or protected their legal rights.

Following that inspection, the provider wrote to us and outlined an action plan that detailed how the service would improve. Since that time, the RNIB has also undergone an organisational restructure and as such the registration of the provider and manager has changed. The service being provided however has continued at the same locations with many of the same staff. As such, this report can be read in conjunction with the report from our previous inspection.

This inspection identified that whilst some people were still experiencing a negative impact from the move, the provider had taken the action they told us they would and had made significant improvements to the way most people were being supported. The management team were open about the actions they were still working on and had plans in place to ensure good outcomes for all were achieved. We made two recommendations as a result of this inspection in order to encourage the provider to develop best practices for people with visual impairment in a supported living setting.

Until recently, the operational focus for the management team had been on rectifying previous mistakes in order to ensure people received a safe and personalised service. Now those objectives had been achieved,

Governance frameworks required strengthening to ensure a future of consistently proactive and high quality support.

Support was becoming increasingly person centred and staff responded well to people's changing needs. Each person had a plan of care that identified how to support them effectively. Whilst people's preferences were known, more work was needed to ensure lead active and fulfilling lives that enabled them to reach their full potential.

The management team had improved the systems in place to communicate with people and other stakeholders. A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong. People's views were being better listened to and concerns and complaints responded to in a way that improved the quality of care. Group meetings had taken place to facilitate a more collaborative way of working with people and others important to their support.

Despite a high number of staff vacancies, the management had worked hard to ensure people received support in a way that kept them safe and met their needs. Care staff had worked flexibly for the benefit of people using the service and put the needs of people ahead of their own.

There were appropriate systems, processes and practices to safeguard people from abuse. Appropriate checks were undertaken to ensure only suitable staff were employed and staff understood their roles and responsibilities in protecting people from harm. An ongoing programme of training and support equipped staff with the necessary skills to deliver appropriate support.

People were encouraged to develop their skills and risks in doing so were assessed and managed in a way that balanced people's safety with their right to freedom. Staff had a better understanding of people's capacity and were proactive in the way they protected people's legal rights, ensuring that support was delivered in a way that achieved effective outcomes.

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 medicines at the right time. Where possible, people were supported to learn the necessary skills to be involved in the management of their own medicines.

People were involved in the planning, shopping and preparation of their meals and were encouraged to eat and drink so as to maintain a healthy and balanced diet.

People had great relationships with the staff that supported them and were clearly relaxed with staff and felt happy and confident in their company. Staff were kind and compassionate and advocated strongly on behalf of the people they supported. Staff respected people's privacy and provided support in a way that promoted their dignity.

## 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.

There were appropriate systems, processes and practices to safeguard people from abuse. Staff understood their roles and responsibilities in protecting people from harm.

Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom.

Despite a high number of staff vacancies, the management had worked hard to ensure people received support in a way that kept them safe and met their needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

There were appropriate systems in place to manage infection control.

A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong.

### Is the service effective?

Good ●

Staff had a better understanding of people's capacity and were proactive in the way they protected people's legal rights.

People's needs and choices had been better assessed to ensure support was delivered in a way that achieved effective outcomes.

An ongoing programme of training and support equipped staff with the necessary skills to deliver appropriate support.

People were supported to lead healthy lives and encouraged to eat and drink so as to maintain a healthy and balanced diet.

Staff worked collaboratively for the benefit of the people they supported.

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 great relationships with the staff that supported them. People were clearly relaxed with staff and felt happy and confident in their company.

People were actively encouraged to make their own decisions. Staff understood the importance of respecting people's choices and advocating strongly on their behalf.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

### Is the service responsive?

Requires Improvement ●

The service was not wholly responsive.

People did not always have the opportunity to lead active and fulfilling lives that enabled them to reach their full potential.

Support was becoming increasingly person centred and staff responded well to people's changing needs.

People's views were being better listened to and concerns and complaints responded to in a way that improved the quality of care.

### Is the service well-led?

Requires Improvement ●

The service was not wholly well-led.

Previous leadership failings continued to have a negative impact on the lives of some people who received a service.

The provider had learned from its previous mistakes, but further improvements were needed to innovate and ensure sustainability as a future service for people with visual impairment. Governance frameworks required strengthening to ensure a future of consistently proactive and high quality support.

The culture of the service had grown more open and people and their representatives were better engaged and involved.

# RNIB Community Living Service Redhill

## **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 over two days on 9 January 2018 and 16 January 2018. The provider was given four days' notice of the inspection. This was to enable the registered manager to speak with the people using the service and arrange for us to meet with the people who used the service at a time and place that was convenient for them. This inspection was carried out by one inspector with background experience of 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. The provider also completed 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.

Across the two inspection days we met with 12 people who used the service and conducted telephone interviews with three relatives. We spoke with six staff, including the registered manager and. We contacted a range of other professionals involved with people's care, but did not receive any responses in return.

We also reviewed a variety of documents which included the care plans for three people, three staff recruitment files, training records, medicines records and various other documentation relevant to the management of the service.

# Is the service safe?

## Our findings

Our previous inspection in May 2016 identified concerns with the way risks to people's safety were managed. Since that time, the management team had spent a lot of time with staff, people who used the service and their representatives to reflect and ensure lessons were learnt. As a result, appropriate action had been taken to ensure people now received a safe service. Incidents, accidents and complaints were now routinely used to promote learning and improve the safety and effectiveness of the service.

People using the service told us they felt safe. One person said, "I do feel safe yes. The staff make me feel safe." Likewise, another person said, "I feel safe because I choose who I let into my flat."

There were appropriate systems to safeguard people from abuse. Staff received regular safeguarding training and understood their roles and responsibilities in protecting people from harm. Staff spoke confidently about what they would do if they suspected abuse and how they supported people who may have experienced harm. All staff confirmed that they felt able to share any concerns they may have with either a team leader or one of the management team. Staff were also clear about how to correctly report abuse to outside agencies if necessary and there were policies and contact details across the service to facilitate this. The registered manager ensured that all safeguarding concerns were immediately referred to the local authority and CQC. Current and ongoing safeguarding investigations highlighted that management and staff worked collaboratively with partner agencies to keep people safe.

Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom. People told us that they now felt safe both in terms of where they lived and the activities they took part in. Similarly, relatives told us that they felt people's safety was better managed. For example, one relative said, "I don't worry about his safety now" and another commented, "He is much safer now that staff understand his needs."

Each person's care plan was linked to a comprehensive set of risk assessments which outlined the support needed to enable people to undertake their daily lives and activities safely. Personal Emergency Evacuation Plans (PEEPs) reflected people's level of visual impairment and provided guidance to staff in the event of an emergency situation. One person told us, "Staff help me practice leaving the building, so I know what to do if the fire alarm goes off." The registered manager had sought specialist advice in respect of someone living in a private flat in order to ensure their PEEP properly reflected how they would manage both during the day and at night.

Prior to the inspection, the provider had notified us that they had a high number of staff vacancies across the service. The registered manager confirmed the steps they continued to take to successfully recruit new staff. In the meantime, existing staff were undertaking overtime and a core of regular temporary staff were being used to deliver the service. Despite the high number of staff vacancies, the management team had worked hard to ensure people received support in a way that kept them safe and met their needs. Staff confirmed that team work was good and that staff worked together to ensure people received appropriate support.

People told us that whilst the lack of permanent staff had been unsettling to them, there was now a regular team of staff that supported them. Relatives confirmed that whilst it wasn't ideal that the service was running with so many staff vacancies, that they did also believe the situation was being managed well and that they had been communicated with effectively. Team leaders had worked hard to minimise the impact of staffing on people's support needs and also worked hands on across each location, to ensure people could speak directly with them.

One relative raised concerns that some people had had to go out with staff in the evening to support people with medicines in a different location. The registered manager had already identified that this was not acceptable and as such regular agency staff had recently been trained to ensure sufficient staff cover for medicines.

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 used care and support services. There were also copies of other relevant documentation, including employment history and professional and character references in staff files to show that staff were suitable to work in the service. The registered manager also had systems in place to ensure that DBS, references and training checks were undertaken on all staff supplied by external agencies.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time. Each person had a locked medicines cupboard in their own accommodation and this facilitated medicines being given in a person centred way. Where appropriate, people were encouraged to be involved in managing their medicines. For people who self-administered their medicines, detailed risk assessments and competency checks were in place to demonstrate this was safe. One person proudly talked to us about how they were now fully responsible for managing their own medicines and how staff had supported them to safely become independent in this way.

Staff understood how to support people safely with their medicines. Only staff that had completed training and competency assessments were permitted to give 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. 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.

Staff completed Medication Administration Records (MAR) following the administration of medicines to people. Team leaders regularly completed monitoring checks of MAR charts to ensure there was an accurate record of the medicines people had received. The MAR charts we looked at had been appropriately completed.

There were appropriate systems in place to manage infection control. Staff completed regular training in infection control, food hygiene and hand hygiene and were clear about the systems in place to manage the risk of cross-infection. Each location had a supply of appropriate personal protective equipment, such as gloves and aprons and staff confirmed that these were routinely used.

As the service provides supported living with the aim of encouraging people to live independently, we recommend that people using the service also have the opportunity to improve their own knowledge of good infection control.



## 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. 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).

Our previous inspection of May 2016 highlighted significant concerns about the lack of consultation with people about important decisions in their lives and the failure to follow the principles of the MCA. As such we set a requirement action for the provider to improve. Following that inspection, the provider wrote to us and supplied an action plan which outlined the improvements they intended to make. This inspection found that the provider had taken the actions they told us they would and therefore this requirement had been met.

At this inspection, people told us that they were now fully involved in decisions about their care. For example, one person told us, "It was confusing when I moved here as I didn't really know what was going on. I like it now though and staff talk to me about what's happening." Likewise another person said, "Staff ask me what I want to do and give me choices." It was also clear that people were now being better kept informed about the redevelopment project and how their move back to the RNIB site in Redhill will be managed. One person told us, "We've been talking with staff about who we want to live with when we move back to Redhill." It was evident in meeting minutes that these discussions were taking place regularly and staff and management were recording people's wishes ahead of plans taking place. The registered manager confirmed, "We learnt a lot from what went wrong before and this time we are having proper discussions with people and their representatives and allowing sufficient time for best interests discussions to take place."

Staff had a better understanding of people's capacity and were proactive in the way they protected people's legal rights. The management team had listened to feedback from staff and CQC that previous training around the MCA had not been effective. As such, additional face to face training had been delivered by an external training provider. Staff reported that this had been really useful in developing their understanding. For example, one staff member told us, "I feel much more confident about the MCA now and it has definitely changed the way I think about people's capacity and how it changes in different situations. For me, it's really highlighted the importance of knowing the people you support." Discussions with all staff highlighted how proactive they were in advocating people's choices and promoting their legal rights.

People's needs and choices had been better assessed to ensure support was delivered in a way that achieved effective outcomes. Whilst no one new had joined the service, people's support needs had been reassessed to ensure the packages of support were appropriate and met their individual needs and choices. As people's needs increased or reduced, staff liaised with the funding authorities to ensure support was

amended accordingly.

Staff had the skills and experience to meet people's needs effectively. One person told us, [staff member's name] is the best keyworker ever – she really understands me." Similarly, another person said, "I've really progressed since I've been with the RNIB, the staff are really good and very supportive." Relatives shared the same view of the permanent staff. For example, one family member told us, "The staff really know how to support [person's name] and support him with his anxieties."

Staff demonstrated a good understanding of people's needs and preferences and recognised people's individual triggers or times when they needed increased support. During the inspection, one person became anxious about when they would be meeting us and the staff member flagged this so we could meet with them sooner and therefore reduce their anxiety.

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. New staff also confirmed they spent time shadowing more experienced staff before working alone with people. Post induction, staff were encouraged to progress their professional development through vocational qualifications in health and social care.

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. External agency staff also completed this training. In addition we saw that staff had completed ongoing training including safeguarding, mental capacity, first aid and a variety of health and safety topics.

The registered manager advised that bespoke training in respect of Vision Awareness and Positive Behaviour was being planned for staff, families and other stakeholders involved in people's care to develop a more co-ordinated approach for all those involved in supporting people.

Whilst staff did not always receive one to one individual supervision sessions in line with the provider's policy, all staff confirmed that they now felt well supported in their roles. Staff described the management team as, "Very supportive," "Dedicated" and "Always approachable." Staff who were previously transferred from residential care to supported living, said that they now had a better understanding of the role and that they had worked alongside other staff to understand the differences in the two types of support. The registered manager confirmed that supervisions would now be regularly taking place.

People were encouraged to eat and drink so as to maintain a healthy and balanced diet. People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People told us that they enjoyed their food and that staff supported them to plan, shop for and cook their meals.

Two people talked excitedly to us about their healthy eating goals and how they had successfully lost weight. One person attended a local slimming group and it was clear that they had got a real sense of community involvement and achievement from being part of this group. Another person had chosen to work with a specific member of staff to create a meal plan that counted calories and incorporated daily exercise. Both people had been well supported by staff to manage their diets and work towards the healthy living goals that were clearly important to them.

Staff worked collaboratively with each other and external health care professionals to ensure people kept healthy and well. Eye health was a key priority and staff supported people to see sight specialists in accordance with their individual needs.

Personalised health action plans identified specific health goals and the professionals involved in supporting people. Care records documented that people attended regular health checks with their doctors, dentists and the community learning disability and mental health teams. 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

People talked about how much they liked the staff that supported them and enjoyed being in their company. For example, one person told us, "The staff are amazing" and another said, "They are so kind. I can talk to them about any problems or worries that I have." Relatives also spoke highly of the permanent staff and how dedicated they were to their family members. As such, one relative commented, "[Staff name] is excellent and really good with my daughter." Likewise, another relative told us, "They are absolutely brilliant with our son and really understand his needs."

People had great relationships with the staff who supported them. Throughout the inspection we observed lots of laughter and friendly exchanges between staff and people which indicated that they had a naturally good rapport. Staff clearly knew people well and how to communicate effectively with them. For example, we saw staff using signs or objects of reference to help aid conversations. Care plans identified how people preferred to communicate and provided guidance for staff so they knew how to engage effectively with individuals. Feedback gathered from the most recent survey for people using the service identified that 100% of people either felt "Happy" or "Very happy" about the way staff listened and understood what they had to say.

The management team operated an open door policy across the service and we frequently saw people popping in and out of the offices to ask questions or share their news. People were confident to approach whoever they felt could answer their specific question and there was no caution afforded to hierarchy. Equally though, staff understood people's personalities well and communicated with each other to ensure consistent messages were delivered across the service.

People were now 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. One person told us, "Staff are here to help me live my life as I want to. They support me and give me advice but I make my own choices." Other people told us how they had control over their daily routines, what they ate and how they spent their leisure time.

Staff were passionate about people and spoke up for their rights. For example, two people weren't sure whether they wanted to speak with us, but then told a staff member they had changed their mind. The staff member made a point of coming to find us during our second visit so we could arrange to go a meet with them. Many core staff worked flexibly and additional hours in order to support people and their activities. One staff member told us, "I don't mind working on my day off if it means the guys can go out."

Staff encouraged and supported people to maintain and develop relationships. For example, one person had a calendar which recorded their families' birthdays on. They told us, that staff supported them to go and buy cards for each person at the required time. The current geographical location of the services meant that people required support to stay in touch. People told us they appreciated the way staff helped them to spend time with the people that were important to them.

Care was provided in a way which respected people's privacy and upheld their dignity. Staff were inclusive in the way they spoke with people and sensitively respected their visual impairment.

People told us that staff always respected their private space. People had keys to their flats or houses and staff either knocked on people's bedroom doors or rang their doorbell to gain permission before entering. People's private information was kept confidential and secure and post went straight to the person for opening.

Equality and diversity were managed well and people were supported to follow their own religious and cultural preferences and beliefs. Staff knew about people's beliefs and ensured these were respected in the way care was delivered. For example, two people liked to go to church each Sunday and team leaders ensured staff were allocated to support this.

## Is the service responsive?

### Our findings

Our previous inspection of May 2016 highlighted that people's care had not been planned in accordance with their needs and preferences. As such we set a requirement action for the provider to improve. Following that inspection, the provider wrote to us and supplied an action plan which outlined the improvements they intended to make. This inspection found that the provider had taken the actions they told us they would and therefore this requirement had been met.

Our last inspection highlighted that the relocation of some people to new properties had had a negative impact on their social lives. Increased travel and staffing levels continued to be a barrier for people leading fully active lives. Some people told us that they did not always have enough to do and that they would like more opportunities to do things they enjoyed and spend time with their friends. As part of the organisational restructure, activities had moved to being organised on an individual basis rather than the provision of day service provisions. People told us that they missed the sessions they used to attend, particularly those that involved talking about topics with their friends from other locations. One person commented, "I really miss Women's Group, I found it really helpful talking through things that worried me with my friends." Likewise another said, "I feel isolated living so far away from my friends and miss being able to do regular activities with them."

The management team were open about the shortfalls in activities and how this was an area of ongoing improvement. It was evident that staff were working hard to increase people's access to activities and enable them to spend time doing things they enjoyed. For example, one person talked to us about a new horse-riding group they had just joined and another person had started a weekly swimming session. Three people had previously enjoyed a trampolining club together and staff had just found a new group they could all attend together.

Support was arranged flexibly so that people could do things they wanted. As such, some people had accrued support hours for social activities to enable them to go further afield or do an activity for longer. For example, one person talked to us about the concerts they had been able to go to and another was saving hours to go to London for the day.

Each person had short term goals that were meaningful to them. For example, one person had a goal around healthy living and it was clear that they were being supported on a daily basis to achieve this goal. Another person had chosen to become more independent in their daily living skills and staff were working with them to be able to change their bed linen independently. We discussed with the management team, the need to support people with longer term goals and how these could be more effectively supported and monitored. The management team had an action plan in place to support a more outcome focused approach to people's care.

Support was becoming increasingly person centred and people were involved in the planning of their care. 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. We observed that staff supported people in line with the guidelines in place.

Care plans had been reviewed and staff responded well to people's changing needs. People had regular opportunities to discuss and change the way their support was delivered. Staff maintained daily records about people's care, including details about people's health, well-being, social activity and appetites which were then used as the basis for conversations with people. People said that they had been involved in lots of conversations about their care and how they wanted support to be delivered. One person told us, "I have monthly meetings with my keyworker and we talk about how things are and anything I want to change."

People's views were being better listened. People told us that they felt comfortable expressing their views and feelings to staff and that they had lots of opportunities to do so. People said that they had confidence that their concerns would be listened to and taken seriously. Two people said that they had complained about where they were living and that they felt this was now being addressed. Another person said, "I talk to staff if I have any problems or worries and they sort it out for me."

The service had a complaints policy which was accessible to people and their relatives. The registered manager showed us an electronic log of complaints and concerns that had been received across the service and it was evident that people's feedback was valued and responded to appropriately. With the exception of one relative, everyone told us that communication was more open and that they had more confidence that things issues would be resolve if they raised them.

## Is the service well-led?

### Our findings

Our previous inspection of May 2016 identified shortfalls in the leadership of the service and the way managers had communicated with people, staff and other stakeholders about the changes being made to the service and the re-development of the original supported living site. Since that time, the provider has undergone a re-structuring process that has resulted in a number staffing changes across the service. The management team now consists of the registered manager and two supported living co-ordinators.

Whilst the majority feedback about the leadership of the service was now positive, the legacy of previous decisions continued to negatively impact on the lives of some of the people receiving a service. Whilst learning from and rectifying past mistakes had been a key priority for the management team, the process of securing good outcomes in some cases, had taken too long. For example, some people had experienced a backwards step in their journey towards independence and their relationships with others had been affected. We had lengthy conversations with the registered manager about specific individuals who were reliant on the provider delivering on promises and we will continue to engage with them to ensure this happens and in a timely way.

The culture of the service had grown more open and people and their representatives were better engaged with and had greater opportunities to be involved in the future direction of the service. For example, a large meeting had been held with stakeholders and people, staff and family members had been divided into working parties to discuss collaboratively how the service should move forward. One relative told us, "Communication is much more open now and I feel we have been much more engaged with the process." Likewise, another family member commented, "I have much more confidence in the RNIB now." These discussions are integral to the good management of the next phase of the re-development project.

Improved outcomes for people and the move towards a more person-centred service has been heavily dependent on the dedication and commitment of core staff. Many staff have worked hard together for the benefit of people using the service. For the service to move forward now, the monitoring systems need to be strengthened to ensure a future of consistently proactive and high quality support.

The RNIB Charity promote their services as offering bespoke support for people with sight loss and whilst there have been significant achievements in the way some people have been supported with managing their visual impairments, others are yet to achieve a truly specialist service. As such governance frameworks need to focus on outcomes and be more strategic in the capturing and development of the goals and ambitions of both people and the service as a whole. Likewise, the use of technology has started to be explored to improve independent living for some people; this again had not been consistent across the service as a whole.

We recommend that the provider seek advice from a reputable source regarding best practices for supporting people with people with long term visual impairment.

The registered manager was clear about the contingency plans that would operate in the event of power



failure or adverse weather, but the written plan was out of date. The registered manager said she would ensure this was updated and made available for staff to use in the event of an emergency situation.

The registered manager had a good understanding of their legal responsibilities as 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.