Royal National Institute of Blind People

RNIB Stan Bell Centre

Inspection report

Stan Bell Centre
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 11 October 2018. The inspection was unannounced. RNIB Stan Bell Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Not everyone living at the RNIB Stan Bell Centre received a regulated activity. 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. At the time of our inspection it was confirmed that thirteen people using the service received 'personal care'.

There was a registered manager in post. The 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.

The Stan Bell Centre provides residential care and support for people attending the Royal National Institute of Blind People (RNIB) college in Loughborough and the service is only provided during college term times. The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The service did not meet this guidance because they were registered to accommodate more than six people. However, they did meet the values which included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People were given choices and their independence and participation within the local community encouraged.

There was a high level of understanding of the need to make sure people were safe. People who used the service, their relatives and staff were actively encouraged to raise their concerns and to challenge if they felt people's safety was at risk. Staff understood their responsibilities and took action to reduce risk while also respecting people's human rights and freedom. The service actively sought out new technology and solutions to make sure that people had as few restrictions as possible. There were enough staff who had been recruited safely to deliver care and support. There was a consistent care team, and each person had a named keyworker. Staff had time to spend with people and had built positive relationships.

People were supported to maintain good health. This included access to healthcare professionals, eating and drinking enough, and support with their medicines. People were supported to take their medicines safely and encouraged to be as independent as possible.

Staff had the skills and support to meet people's needs. Staff were supported through regular supervisions and appraisals. Staff spoke very positively about the leadership and the open and positive culture of the service, and felt well supported by the registered manager.

Everyone we spoke with told us staff were kind, caring and compassionate. Staff supported people to maintain independent lives, and people told us their privacy and dignity was protected.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt listened to and valued.

Complaints were used as an opportunity to learn and improve. People knew how to, and felt confident making a complaint.

There were effective governance systems in place to ensure quality of care was monitored and improved. These included actively engaging with people, their relatives and staff, and took their views and experience into account. People felt they were listened to and their contributions were valued. People were proud of the service and were involved in the day to day running and encouraged to make decisions about any proposed changes. The service had achieved recognised accreditation awards to measure and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People 's safety in all aspects of their day to day lives was taken seriously and there was a high level of understanding and importance placed on this. Risk was assessed and people were supported to stay safe while their freedom and rights were respected.

Staff had time to spend with people. Staffing numbers and skill mix were sufficient to meet people's individual needs. Staff were recruited in a safe way.

People's medicines were received in a safe way and people were supported to become as independent as possible.

Is the service effective?

Good

The service was effective.

People received support from staff who had the knowledge and skills to meet their needs. Staff received support and training to carry out their roles.

Staff asked people for their consent before offering support and were following the principles of the Mental Capacity Act.

People were encouraged to follow a healthy diet. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People received support in a kind and compassionate manner. People and relatives spoke highly of the staff and the positive relationships they had built.

People were involved in making decisions about how their support was delivered and had frequent opportunities to review or express their views.

Is the service responsive?

Good

The service was responsive.

People received care and support in the way they preferred.

People had opportunities to take part in education and to follow their interests and hobbies.

Staff communicated in an effective way and used technology to enhance communication and independence.

Complaints were used as an opportunity to learn and improve.

Is the service well-led?

Good

The service was well led.

People, relatives and staff praised the way the service was run and told us the managers were supportive and accessible. The visions and values of the service were shared by people, staff and managers.

People and relatives were involved in developing the service and their feedback was sought in a variety of ways and this was acted upon so that improvements were made.

There were systems in place to monitor and continually improve the quality of the service and seek the views and feedback of people that used it.

RNIB Stan Bell Centre

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 comprehensive inspection took place on 11 October and was unannounced.

The inspection team consisted of one inspector, one inspection manager and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with three people who used the service and two relatives for their views about the service they received. We spoke with the registered manager, the deputy manager, the quality administrator, the health and safety officer and a support/care supervisor.

We looked at the care records of three people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures, complaints and meeting records.

Good

Is the service safe?

Our findings

There were systems and processes designed to protect people from abuse and avoidable harm. People, relatives and staff told us they were actively encouraged to raise their concerns and to challenge if they felt people's safety was at risk. A person gave us an example of when they had raised a concern because they didn't feel safe. They told us staff responded quickly and took action to remove the risk.

Staff knew how to recognise the signs of abuse and what to do if they suspected abuse. They were confident that their managers would listen and take swift action about any suspicion of abuse. There was a 'safeguarding and prevent team' which consisted of four safeguarding officers who had received additional training about protecting people from abuse and the management of allegations. People and staff were able to name these staff and said they would speak to them if they had any concerns.

People were given information about staying safe such as internet safety and reporting any concerns. They were asked if they had any safety concerns at every monthly 'residents' meeting.

The risk of harm was assessed when people first began using the service and reviewed at appropriate intervals. For example, risk of falls and risk of choking were assessed and managed. People were involved in decisions about any risks they may take. People were given the information they required to make informed decisions. For example, information about managing relationships and sexual health. Risk had been identified for a person who wanted to attend an organised day out. They made a decision to take this risk and staff supported them to do this in the safest way. A relative told us how risk was managed. They said, "The staff balance my relatives love of independence with care for the risks. My relative has a phone in their room so that they can use the phone privately but they will keep half an eye out without intruding."

People, relatives and staff knew about the risk assessments. One person said, "I got a ton of paperwork at the start of term on risk assessments." A relative told us "My relative was risk assessed. I have a copy of the support plan." Another relative told us how careful staff were, they told us risk was managed well and meant their relative had never had any falls while at the service. Staff told us about risk assessments and safety checks that were carried out on equipment. A staff member said "All the risks are recorded. For example, hydration, nutrition and mobility. Risks are also assessed for community settings. When doing them we can use speech and language therapists and physiotherapists. We make baseline assessments and review them with the keyworkers."

Safety and safeguarding was an agenda item at every managers meeting. There was a health and safety officer employed to oversee safety issues at the service. Meetings were held every term to discuss health and safety issues and people who used the service attended as well as member of staff from every team. The health and safety officer was responsible for security and safety at the service. They also delivered training to people when they first moved in and to staff. They told us about changes they had made to increase safety. Equipment was checked to ensure it was in safe working order and there were fire safety and security policies and procedures that people and staff had to follow. Staff used equipment in the safest way and followed the risk assessments and management plans. We saw staff transfer a seat from a wheelchair to an

electric wheelchair and ensure it was locked properly before helping to transfer the person to it. Staff ensured the person was comfortable and safe throughout the transfer.
Records were maintained of all accidents and incidents and action taken to prevent further risk was documented. Lessons were learned when things went wrong. An incident occurred where a staff member boarded a train and the person was left on the platform. Procedures where changed to reduce the risk of this happening again. Staff knew what to do in the event of an accident or incident and there was a business 'continuity plan' for staff to follow so that staff knew what to do and who to contact. A member of staff told us they had received training about 'first aid' and there was always a first aid trained member of staff on duty at the service.

Medicines management was well organised and people received their medicines as required and prescribed. One person told us they knew what their medicines were for and that staff supported them to take them at the right time. A relative told us there was never any confusion about medicines and said that staff recorded them correctly. People's medicines were safely and securely stored. The staff had undertaken all appropriate training and their competence was assessed.

Accurate and thorough records were kept when medicines were received into the service and also when staff needed to take the medicines out with them to the college. Two members of staff signed them in and out to ensure no mistakes occurred. There were checks of the records to ensure an accurate log. Any errors where thoroughly investigated and lessons learnt from the findings. People were encouraged to become independent with managing their own medicines. Risk assessments for medicines were carried out when people first began using the service and these were regularly reviewed with the aim being a gradual increase in independence. Where people required support, this was done in a safe and appropriate way.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People and relatives told us there were always enough staff to support them and that staff attended quickly when they used their call bell. Staffing numbers were calculated by assessing the dependency needs of people. Extra staff were deployed when this was required. We saw that staffing numbers fluctuated and were flexible depending on people's needs.

The provider undertook a robust staff recruitment procedure when employing new staff to the service. Appropriate checks were taken to ensure potential care staff were suitable through the Disclosure and Barring service. These were recorded in files held at the service along with references and training information. The service did not hold a full set of recruitment records however, we were assured that the providers Human Resources department held all the necessary documentation that was needed to safely recruit new staff. There was a checklist within the staff files we viewed that demonstrated the service followed relevant procedures and that policies were followed.

Infection prevention and control policies and procedures were in place and staff understood these. The registered manager was also the staff lead for infection control. Communal areas and people's rooms were clean. Staff had access to protective equipment such as gloves and aprons. Cleaning schedules were in place to minimise the risk of infection. One person told us they liked the cleaners and felt they did a good job.

Good

Is the service effective?

Our findings

People had their physical, mental health and social needs assessed before they began using the service. Where possible, people were invited to stay for trial overnight stays and this was part of the assessment process. Care and support was delivered in line with evidence based guidance, Behavioural support meetings were held at the beginning of every term and these were attended by a consultant psychiatrist and a behavioural specialist. People and relatives told us that staff had the skills and experience they needed to support them. One person said "The staff use good communication. I would give them seven or eight out of ten for their skills". Another person said, "All the staff here are good. They are friendly and know how to do their job." A relative said about the staff, "They are absolutely on the ball."

Staff received induction training when they first began working at the service. This meant that staff received up to date sector specific training from the start. Training was refreshed on an ongoing basis and on training days known as 'learning festivals'. Learning festivals were training days provided to staff over a three day period during holidays when people were staying with their families. There was a timetable of upcoming training available to staff and a staff development plan. The 'learning festival' provided further opportunity for staff to receive training. Senior staff had undertaken further courses which qualified them to deliver training to other staff in areas such as 'dignity in care' and protecting people from abuse. Staff also received training from healthcare professionals such as speech and language therapists. Staff told us they received the training and support they required to meet people's needs and were supported by their managers.

People were supported to eat and drink enough to maintain a balanced diet. People planned their own menu and told us they had a choice and could make decisions about what they wanted to eat and drink. One person said, "The food is fine. I get a choice. I like curry and enjoy coffee." People knew about healthy eating and told us about the things they did to make sure their diet was as healthy as possible. People were supported with shopping for their food and preparing meals. A relative told us, "They go out with staff and buy the food and they cook it together at the centre. The centre has the facilities to do that". During our inspection we saw that the lunchtime meal was a social occasion and people were chatting with each other and with staff. Staff supported people in an appropriate and sensitive manner where this was required. Some people had complex needs in relation to eating and drinking. Staff knew how to meet these needs. A member of staff told us how they met people's individual eating and drinking needs and involved healthcare professions such as speech and language therapists where this was required. A relative told us their relative had swallowing difficulties, they told us they had seen a specialist and there was an eating plan in place and staff understood this.

People were able to access healthcare services and received the healthcare support they required. People told us staff supported them to see their GP or attend walk in medical centres. Staff knew how to recognise when people were unwell and required healthcare support. Staff gave us examples of when they had done this.

The premises were adapted to meet the needs of people who used the service. All areas of the service were accessible for people with disabilities and there were specific 'accessible' rooms for people with physical

disability who required specialist mobility equipment. People had been consulted about the decoration and furnishing of the premises. Signage was accessible and promoted independence. For example, signage was available in braille and easy read formats.

People were asked for their consent before being supported by staff. One person said "Staff ask my permission when they wash or move me. They respect me as a person". A relative told us that staff always took time to explain what they were doing and made sure people were happy for them to proceed.

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Staff were following the principles of the MCA. We saw that people had their capacity to make some decisions assessed. Staff had received training about this and understood their responsibilities. Staff told us how they always promoted choice and supported people to make their own decisions.

Good

Is the service caring?

Our findings

People were treated with kindness, compassion and respect and told us they valued their relationship with the staff team. One person said "The care is excellent. I love the staff. They treat me with respect". Another person said about the staff, "We have a laugh and a joke". People's relatives also praised the kindness and compassion of the staff. A relative told us how the staff made their relative laugh and gave them confidence. They said, "I know 100% when I take them there that they are in good hands". Another relative said "The staff are lovely, friendly, kind, caring and fantastic. All the staff at Stan Bell are very person centred". Staff also felt cared about and told us they were supported by their managers at a personal as well as a professional level. People told us that staff responded quickly if they were in emotional or physical distress. One person told us how staff had quickly organised a painkiller when they had a headache. The fire alarms in accessible rooms had been changed to provide reassurance to people who had mobility problems. Instead of the standard alarm bell, in these rooms a voice alarm informed people that staff would be with them shortly. This showed consideration for the emotional wellbeing of people.

People were supported to express their views. A welcome pack was provided to people before they moved in and this was available in accessible formats such as audio, braille and easy read. The information pack was designed to provide people with the information they required and to find out more about people's individual needs and preferences. People were asked to develop some 'golden rules' which set out the values and behaviour expected of people while at the service. These were developed by people who used the service and promoted respect and dignity. For example, the golden rules included being welcoming and friendly, anti-bullying and respecting other people's privacy. We saw that these rules were discussed in meetings. One person told us, "At the start of the year we discussed what care I need and want. I have sessions with my key worker to see how it is going. We chat about what could be better. Its two ways. I can chat about any problems". A relative told us, "It's a very welcoming place. I know I can visit anytime that I want to".

People were enabled to be as independent as possible. Support plans were target based and designed to gradually increase the things people could do for themselves and promote their independence. For example, people were encouraged to be more independent with their personal care, mobility and tasks such as clothes washing. Staff had information about the best way to promote independence such as prompting people or use of mobility equipment. People attended education during their stay at the service and this included independent living skills. Staff had time to spend with people. Staffing numbers and skill mix were reviewed daily and adjustments were made to meet people's needs. Additional staff were deployed to facilitate activities or if a person's needs increased. Staff were matched with people where it was identified that the person responded in a positive way to a particular staff member and their anxiety was reduced.

People had their privacy and dignity respected and promoted. The service had achieved a dignity award from the local authority and two members of staff were nominated dignity champions. The registered manager told us that a person who used the service had also put themselves forward to become a dignity champion. Dignity champions promote dignity and equality within the service. Privacy and dignity was discussed at meetings. We saw that one person had asked that staff be reminded to knock on doors before

they entered and this action was taken. People's records were accurate and stored securely and available to relevant staff. The provider had policies and procedures about sharing information and confidentiality and staff understood these.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in developing their care plan and had frequent opportunities to review and request changes. Where applicable people's relatives were also involved in this process. A relative said "We have a support plan that I and my relative were involved with. The centre and managers are very good at doing reviews".

People had their needs assessed before they moved in. People were invited to stay for trail visits before moving in and this was part of the assessment process. Staff gathered comprehensive information about the person and used this to develop a plan of care and support. Care plans reflected people's physical, emotional and social needs. Care plans were based on people's abilities and aimed to gradually increase people's independence. Goals were set based on people's preferences interests and aspirations. For example, care and support plans recorded people's needs in a person-centred way. This meant that staff knew how people preferred to spend their time, how best to communicate and the things that were important to the person as well as how to keep them safe while also promoting their independence.

People's religious and cultural needs were also assessed and staff knew how to meet these needs. The registered manager gave us examples of how they considered and met people's equality and diversity needs. For example, they had supported a person to celebrate an important religious festival and had taken this into account in the way the provided care and support. Staff were able to give examples of how they provided care and support in a personalised and responsive way.

People were supported to follow their interests and take part in activities that they enjoyed. People told us about the activities they took part in including going out into the community. The majority of people who used the service were attending education at the college linked to the service. Relatives told us there were lots of things to do and that staff supported their relative to do the activities they enjoyed.

Staff communicated with people in an effective and appropriate way. People's communication needs were assessed and staff received training about how to meet these needs and communicate in the most effective way. Technology was provided to support people with communication needs, disability and sensory loss. People told us how this supported them. One person told us how they used apps on their phone and had been shown the routes they needed to get around the service and campus so that they could do this independently. Other people used talking aids and mobility equipment. People also told us they had easy access to technology adaptations like computer tablets for communication. They had monitors in their rooms (if needed) and personalised electric buttons/ fobs to access entry to their rooms without needing to push doors open. A relative told us how staff used large print documents and sign language to communicate with their relative and this met their needs. The registered manager was aware of the Accessible Information Standard (AIS) and the service was meeting this standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

People's concerns and complaints were listened and responded to and used to improve the quality of care. People knew how to complain and felt confident they would be listened to and action would be taken. One person told us how they had complained because other people were taking their food from the fridge. They said "I complained to the office. We tried different ways to sort it but eventually we got our own fridge". A relative told us how their complaint had been thoroughly investigated and resolved to their satisfaction. People were given information about complaints in accessible formats. People were given opportunities to raise concerns at meetings or on a one to one basis. Complaints were used as an opportunity to learn and drive continuous improvement. We saw that action had been taken in response to a complaint and this included seeking external support to support the people involved.

People's preferences and choices for their end of life care were recorded in their care plan. People who used the service were young and healthy and so there was no-one in receipt of end of life care, however people's wishes had been explored. The registered manager told us they would seek advice from healthcare professionals if this was required and that counselling services were available for staff.

Good

Is the service well-led?

Our findings

The culture at the service was positive, person centred, open and inclusive. People, relatives and staff praised the manager and staff and said they found them approachable and easy to talk to. People told us the manager was available to them and they were able to speak with the manager quite regularly. One person said, "Yes, its run well. If I tell them anything it is attended to, I'd give the place a ten out of ten. "A relative said about the registered manager, "I think she is fabulous. She has been very good in helping plan the care of my relative. It's a very welcoming place".

Staff told us how supportive their managers were and were clearly proud and motivated to work at the service. A member of staff said "The manager joins in the work when needed. I get regular supervision. This place is 100% better than it was".

The vision and values of the service were shared by people and staff. Staff had supported people to develop their own set of values and expected behaviour (known as 'golden rules'). These were based on respect and safety. Care and support was provided in a person-centred way with an aim to increase people's independence. A staff member said, "We always give people choice, this is drilled into us here". Staff were supported and the day to day culture was monitored through staff meetings, staff supervision and observation of staff practice.

People and relatives were involved in developing the service and their feedback was sought in a variety of ways and this was acted upon so that improvements were made. One person told staff that they were having difficulty moving over the ramps in the building with their wheelchair. New ramps were provided that were easier to access and so making it easier for the person to use. The kitchen was upgraded and replaced in response to people asking for this. The new kitchen was more accessible to people with disabilities and so promoted people's independence with food and drink preparation. People were asked to choose the colour and texture of new soft furnishings and this was acted on.

Meetings were held and any changes were communicated and people were asked for their feedback. One person said, "We had a meeting yesterday. They are very useful. If we didn't have them we wouldn't get the things we wanted."

Records showed that people had been asked for their opinion about the new deputy manager and about the new call bell system and people spoke positively about both. Governors meetings were held every term and these included two people who used the service who had been elected as student college councillors. Minutes of these meetings showed that people, staff and managers worked together to monitor and improve the service. For example, minutes recorded the action taken in response to ideas raised by people and their relatives.

Surveys were sent out annually and where responses were low, additional focus groups took place to support people to provide their views and feedback in a different way. Changes had been made as a result of surveys and focus groups. For example, wall mounted fans had been fitted in the kitchen area. Changes had

been made in response to people's concerns about the amount of unhealthy snacks available at the college, less sweets and chocolates were available as well as smaller sizes and more availability of sugar free drinks.

Staff were also involved in developing the service and were also asked for their feedback. Staff told us there was an 'open door policy' and they could speak with their managers at any time. They told us that even when the registered manager was not at work they telephoned the staff on duty to check that everyone had the support they required. They could speak freely at staff meetings and were listened to. Staff had asked for improved training for 'bank staff' and this had been provided. This was so that bank staff were better able to understand people's needs and provide the right support.

Equality and diversity meetings were held every term so that equality and inclusion was promoted throughout the service. The registered manager told us this group was exploring how to support people's protected characteristics under the equality act such as religious and cultural needs, disability, race and sexual orientation. Wording had been changed in the audits used so that they were more inclusive and representative of different groups.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. Audits were carried out and used to identify areas for improvement. For example, a medicine audit identified low stock levels posed a risk of people not having access to their prescribed medicines. Systems were introduced to prevent this happening again. External quality accreditation teams were also used to monitor quality and continually improve. These included, the dignity award, autism and matrix accreditation. The matrix standard is a framework to assess and measure their information, advice and guidance services.

The registered manager understood their responsibilities and these included informing other agencies such as the local authority and the CQC about events that affected the service. 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.