Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

RNIB Wavertree House

Somerhill Road, Hove, BN3 1RN

Tel: 01273262200

Date of Inspection: 07 October 2014

Date of Publication: October 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Records	✓ Met this standard

Details about this location

Registered Provider	Royal National Institute of Blind People
Registered Manager	Miss Diane Trill
Overview of the service	RNIB Wavertree House provides residential and personal care for up to 36 older people. The home is specifically designed to cater for the needs of people with varying degrees of visual impairment. There are particular adjustments in place in the home to meet the needs of people with a visual impairment.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether RNIB Wavertree House had taken action to meet the following essential standards:

- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 October 2014, talked with people who use the service and talked with staff.

What people told us and what we found

Our inspection team was made up of one adult social care inspector. We answered the question: Is it effective?

The Care Quality Commission (CQC) last inspected RNIB Wavertree House in July 2014. At this inspection we found the service was in breach of Regulation 20 of the Health and Social Care Act 2008. This was because care records were not accurate or fit for purpose.

During the inspection, we spoke with the registered manager, deputy manager, two care staff and four people who lived at the home. We spent time reviewing eight care plans in details.

Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is it effective?
Individual plans of care were devised and developed. These were comprehensive focusing on the health and social care needs of the person. Care plans looked at specific areas of care including personal care, nutrition, communication, and visual and sensory impairment.

Care plans had been reviewed and updated. Where people's care needs had changed, this was incorporated into the care plan. Staff told us care plans were sufficiently detailed and updated regularly. People we spoke with confirmed they were aware of their care plan and care staff regularly read them their care plan.

Risks to people were assessed and individual risk assessments developed. Risk assessments looked at specific areas of people's needs. These included; falls, aggression, and mobility.

Not all care plans had been updated to reflect whether the person was involved in the

formation of their care plan and agreed with the content. Care plans did not consistently reflect whether people agreed with any changes to their care plan or how their care was delivered. We have identified this as a provider may wish to note.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

The provider had taken steps to ensure that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had been maintained.

Reasons for our judgement

At the last inspection in July 2014, we found RNIB Wavertree House non-compliant with this area outcome. This was because care plans were not accurate or fit for purpose. Care plans also did not evidence user involvement or whether people consented to their care plan.

Following our inspection, the provider sent us an action plan outlining the steps they intended to take to rectify the issues identified. These included for all care plans to be reviewed. The provider indicated that these changes would be completed by 14 September 2014.

We looked at eight care plans. Care plans demonstrated that people's health and social care needs were assessed upon arrival at RNIB Wavertree House and plans of care were developed to meet those needs. Each section of the plan covered a different aspect of the person's life, for example personal care, medication, communication, sensory and visual impairment, palliative care, nutrition and mobility. Care plans considered the person's specific need and the action required to meet that need. For example, one person's needs were documented as, "How I like to bath and what support I need." The action required was documented as, "I require staff to assist me to wash each morning at 5am." This demonstrated that individual care plans incorporated identified care needs and detailed how those needs could be met.

Risks to people were assessed and risk assessment developed. These included the nature of the risk; the benefits of the risk, the hazards, who might be harmed and how, the likelihood of harm occurring and the precautions already in place. Risk assessments included falls, aggression, use of wheelchair, showering and assisted bath. For example, one person living with dementia could experience behaviour that was challenging in nature. Their risk assessment provided guidance and strategies for care staff.

At the last inspection in July 2014, we found that care plans had not been reviewed regularly or updated when changes to people's care needs had occurred. At this inspection, we found that most care plans and risk assessments had been updated and reviewed. Where people's care needs had changes, the care plan had been updated to reflect the change. For example, one person's ability to safely eat and drink had been affected. Their care plan reflected this change and recorded, "X requires to be on a soft mash able diet until they have been properly assessed by speech and language team."

A care plan is written to describe people's needs and the way that those needs are to be met. The formation of the care plan should be discussed with the person and put together with their involvement or their next of kin's involvement. The care plan should be personalised to that person and describe how they want their care needs to be met. At the last inspection in July 2014, we found that there was no evidence to demonstrate people's involvement in their care plan, review process and whether they consented to their care plan review. On the day of the inspection, we were informed that new care documentation had been implemented. This included a 'care plan agreement' and 'risk assessment agreement'. This documentation reflected whether the person had their care plan or risk assessment read to them and whether they agreed with the content or changes to their care plan.

The provider may find it useful to note that only a small majority of care plans had been updated to include the new care documentation. We could not see that all care plans had been updated to demonstrate people's involvement or whether they consented to their care plan review. We addressed our concerns with the registered manager. They acknowledged our concerns and confirmed that they would continue to update all care plans to reflect people's involvement.

People we spoke with confirmed that they were aware of their care plan. One person told us, "Care staff read my care plan to me." Another person told us, "I'm aware of my care plan; my keyworker reads it to me." Staff commented that care plans were sufficiently detailed and updated regularly. One staff member told us, "The care plans tell us everything we need to know."

We found that the provider had taken the necessary steps to achieve compliance. Care plans and risk assessments were accurate and fit for purpose.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

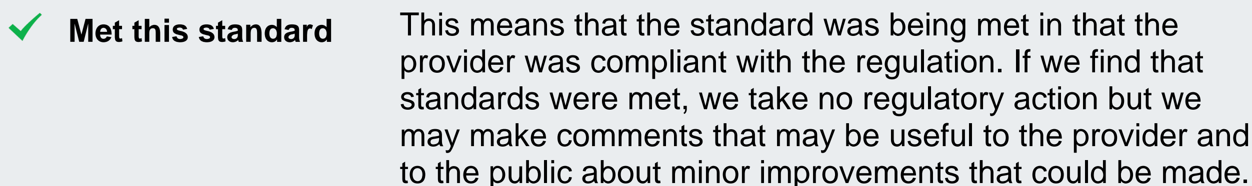
In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

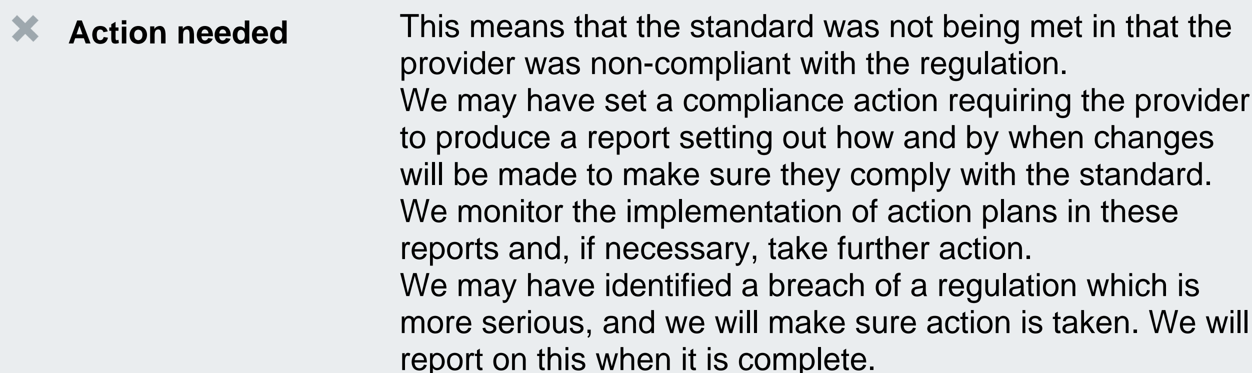
The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.



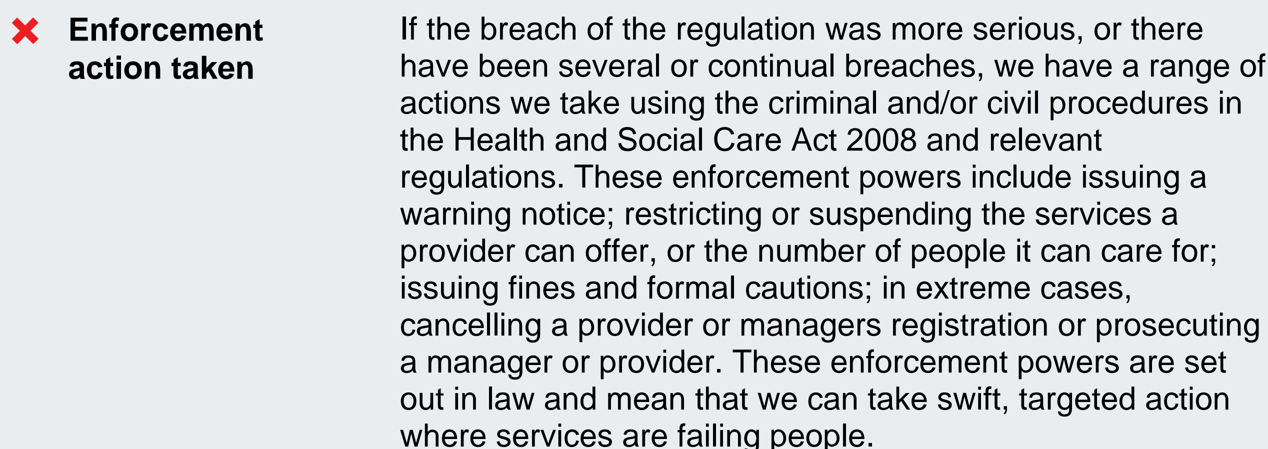
✓ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.



✗ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation.
We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.
We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.



✗ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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