Care Quality Commission

Southend-On-Sea Blind Welfare Organisation

Southend Blind Welfare Organisation

Inspection report

Elkington House,
9 Imperial Avenue,
Westcliff on Sea,
Essex
SS0 8NE
Tel: 01702 348200
Website: www.southenblindwelfare.org.uk

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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

Overall summary

The inspection was completed on 14 July 2015, 17 July 2015 and 24 July 2015 2015 and there were 20 people living at the service when we inspected.

Southend Blind Welfare Organisation provides accommodation and personal care for up to 25 older people, people who are visually impaired and people living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet their needs and appropriate arrangements were in place to recruit staff safely.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support and told us that their healthcare needs were well managed.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety. Care plans accurately reflected people's care and support needs. People received proper support to have their social care needs met.

The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were making sure that people's legal rights were being protected.

People and their relatives told us that if they had any concern they would discuss these with the manager or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they examined the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by appropriate numbers of staff.

People and their relatives told us the service was a safe place to live and risks to people's safety were identified.

The provider had systems in place to manage safeguarding matters and to ensure that people's medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff were appropriately trained and received regular support and supervision.

The dining experience for people was seen to be positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

The main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff.

Good

Is the service caring?
The service was caring.

People and their relatives were positive about the care and support provided at the service by staff and our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed so as to ensure that the delivery of care met people's needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Good

Is the service well-led?
The service was well-led.

The home was managed well. The manager was highly regarded by staff and people who used the service.

Good

Summary of findings

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior management team.

Southend Blind Welfare Organisation

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 on 14 July 2015, 17 July 2015 and 24 July 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service, six relatives, four members of staff, the chef and the manager. We also spoke with two healthcare professionals.

We reviewed five people's care plans and care records. We looked at five staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure. One person told us, "I feel very safe here. I am not anxious or concerned in any way." Another person told us, "I'm very well looked after. I feel very safe living here." Relatives told us that they had peace of mind knowing that their relative was well looked after.

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or the manager. One member of staff told us, "If I had any concerns at all about people living here I would tell the manager or the person in charge of the shift." Staff were also able to demonstrate their understanding and knowledge of whistleblowing procedures. One member of staff stated, "I would not hesitate to raise the alarm if I was concerned about something at work, such as others' poor practice." Staff were confident that the manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition, risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's care practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Risk assessments relating to the premises and equipment were completed, for example, risk assessments for legionella.

People told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. People confirmed that when they used their call alarm to summon staff assistance during the day or at night, staff were prompt to attend to their care and support needs. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and that they could meet people's day-to-day needs safely. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was promptly provided.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people. The manager told us that staff retention was very good and this ensured stability and continuity for people living at the service.

People told us that they received their medicines as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for six of the 20 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Staff involved in the administration of medication had received appropriate training and checks to assess their competency had been completed.

Regular medication audits had been completed by the service. Where errors or areas for improvement had been identified an action plan was in place detailing the corrective actions taken.

Good

Is the service effective?

Our findings

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. One member of staff told us, "I have received the training I need to do my job well."

The manager was able to tell us about the provider's arrangements for newly employed staff to receive an induction. The manager confirmed that this would include an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. The manager was aware of the new Skills for Care 'Care Certificate'. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. The manager told us that opportunities were given to newly employed staff whereby they had shadowed a more experienced member of staff for several shifts. The manager confirmed that no new staff had been employed since 2013.

Staff told us that they received good day-to-day support from work colleagues, formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us. Staff told us that this was a two-way process and that they felt supported by senior members of staff and the manager. A member of staff told us, "I receive regular supervision but can speak to the manager at any time, they are always there."

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a basic understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that the majority of people living at the service were deemed to have capacity to make day-to-day decisions in their best interests. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, where they ate their meals and whether or not they participated in social activities.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The food is very good, the portions are plentiful, in fact sometimes there is too much." Another person told us, "The food here is lovely. There is always something else available if you don't like what is provided. The cook is very good." Two relatives told us that their relative's appetite had improved since moving to the service. The chef was able to tell us in detail about people's specific dietary needs, for example, which person required a diabetic diet, who required a gluten free diet and who was at risk of poor appetite and had poor swallowing reflex. This meant that people received a varied diet which suited their individual and assessed needs.

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. The service was able to show that people's meals could be taken at flexible times of their choosing, for example, one person was asleep in their room when the lunchtime meal was served. The person was not woken up but when they roused at a time of their choosing they received their meal. Hot and cold drinks and snacks were available throughout the day.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, dietician.

People's healthcare needs were well managed. People told us that they were supported to attend healthcare appointments and had access to a range of healthcare professionals as and when required. Relatives told us they were kept informed of the outcome of healthcare appointments. On relative told us, "There is very good communication and we are always kept informed of what is happening." People's care records showed that their

Good

Is the service effective?

healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Two healthcare professionals were very complimentary and confirmed that staff were receptive and responsive to advice provided. They advised that communication was good and they were alerted at the earliest opportunity to provide interventions.

Good

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided. One person told us, “The care here is excellent. I would not want to stay at any other home.” Another person told us, “I can honestly say that I am looked after very well. The staff are all very good, they are angels.” Relatives were very complimentary about the care provided. One relative told us, “The home is fantastic I cannot fault it. The staff are brilliant and very kind and caring.”

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be warm and calm. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. In addition, staff rapport with people living at the service was friendly and cheerful. This was clearly enjoyed by people living at the service and there was positive chit-chat between both parties.

Several people were noted to have appropriate assistive technology equipment in place to aid their visual impairment. Some people were observed to have a telephone with large keypad, handheld magnifying devices, talking clocks and easy to read watches. The manager advised that one person had a text reader on their computer and others used the Royal National Institute for the Blind 'talking books' service.

Staff understood people’s care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. One person told us, “I’m very independent really. I like my own company and like to spend time in my room. Staff always respects my wishes.” Another person told us that they were enabled to maintain their independence with their personal care needs. However, if they required support by staff this was provided. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

Our observations showed that staff respected people’s privacy and dignity. We saw that staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. One relative told us, “Staff ensures that my relative’s appearance is maintained to a good standard. They are always clean and staff ensure that their clothing is appropriate and colour co-ordinated.”

People were supported to maintain relationships with others. People’s relatives and those acting on their behalf visited at any time. One relative told us that they were able to visit their relative whenever they wanted. The manager confirmed that although people living at the service had family members able to advocate on their behalf, information about local advocacy services was readily available.

Good

Is the service responsive?

Our findings

People's care plan included information relating to their specific care needs and how they were to be supported by staff. Care plans were reviewed at regular intervals and where a person's needs had changed the care plan had been updated to reflect the new information. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and the manager. One member of staff told us, "We have handover meetings between every shift. Handover meetings are very important in making sure we have up-to-date information about our residents." This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people considered individual people's reasons for becoming anxious and the steps staff should take to reassure them. Clear guidance and directions on the best ways to support the person were recorded. This meant that staff had the information required to support the person appropriately.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

The manager told us that a person responsible for providing social activities was employed at the service for 15 hours per week. However, it was their expectation that all staff were responsible for ensuring that people's lifestyle experienced at the service met their social and recreational interests and needs. No planned activity programme was in place and social activities were provided on an 'ad-hoc' basis. Our observations showed that the emphasis was on one-to-one activities rather than group activities, for example, assisting one person to write a letter, reading the newspaper with one person, playing a game of dominoes and assisting one person to make video calls to their family abroad using the internet.

Records showed that there was involvement within the service by local community groups and volunteers, for example, Age Concern provided volunteers to the service and one person was supported to attend church as and when they wanted. The manager confirmed that there were links with the local Blind Welfare Organisation charity shop and people were able to attend a variety of day trips, theatre trips, once weekly bowling club and twice monthly social clubs. The manager told us that volunteers were currently being sought to provide information technology support.

The provider had a complaints policy and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the staff on duty or the manager. People told us that they felt able to talk freely to staff about any concerns or complaints. One person told us, "I can talk to the person in charge at any time." Another person told us, "I have no concerns. If I did I would talk to a senior or to the manager." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. A record of compliments was maintained to record the service's achievements and these were very positive about the care and support provided. Two compliments included, "The love, care and attention you've shown has been nothing short of outstanding" and "Wonderful care."

Good

Is the service well-led?

Our findings

People and their relatives told us that they had a lot of confidence in the manager and staff team. They also told us that the service was well run and managed. Comments were very complimentary and included, “The manager is lovely and I can talk to them at any time” and “The home is run very well.”

Staff told us that the overall culture across the service was open and inclusive. Staff told us that they received very good support from the manager and that they felt valued. One member of staff told us, “The manager is ‘hands-on’ and knows the residents very well. Their door is never shut and they are approachable.” Another member of staff stated, “This is a brilliant place to work. [Name of manager] is an excellent boss, firm but fair.”

The manager was supported by a deputy manager. It was clear from our discussions with the manager, deputy manager and from our observations that all members of the management team were clear about their roles and responsibilities. The manager told us that they had delegated specific responsibilities to the deputy manager according to their strengths and abilities; for example, the deputy manager was responsible for completion of supervisions and appraisals.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits, for example, medication, health and safety and infection control. Audits relating to pressure ulcers and skin tears, falls, weight loss and gain were not in place however, following a discussion with the manager an assurance was provided that these would be implemented so as to capture clinical data.

The manager confirmed that the views of people who used the service and those acting on their behalf had last been sought between June 2014 and August 2014. People were very complimentary about the quality of the service provided and no action plan or improvements were required.

The manager told us that regular meetings with staff were not undertaken. In order to facilitate good effective communication and to understand what was happening within the service on a day-to-day basis, the manager had made the decision to relinquish staff meetings but to ensure that staff handovers were robust and informative. The manager confirmed that wherever possible they attended the handovers and information was displayed on the staff noticeboard.