Review of compliance

Royal National Institute of Blind People RNIB Wavertree House	
Region:	South East
Location address:	Somerhill Road Hove East Sussex BN3 1RN
Type of service:	Care home service without nursing
Date of Publication:	October 2012
Overview of the service:	Wavertree House provides residential and personal care for up to 44 older people. The home is specifically designed to cater for the needs of people with varying degrees of visual impairment, other disabilities and the associated problems of old age. There are particular adjustments in place in the home to meet the needs of people with a visual impairment.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

RNIB Wavertree House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by the staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector joined by a practicing professional.

We used the Short Observational Framework for Inspection (SOFI) tool during this visit in the dining area during lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

As an Royal National Institute for Blind People (RNIB) home, staff and people who use the service had the support and accessibility of the skills and expertise of the organisation. There were specially trained staff experienced in supporting people with sight problems and/or hearing loss. The home had been designed to support people who had been blind or partially sighted for many years, or had only begun to experience difficulties with their sight as people had got older. Equipment was available in the home to enable people to reference information in a format to meet their individual care needs.

There were 34 people resident in the home at the time of our visit. We spoke to five people using the service and a visiting relative who told us that:

People's care was provided by care workers who understood their care needs and that their privacy and dignity were respected. One person told us "They treat me with privacy

and dignity at all times" and that "all the staff are kind, polite and pleasant".

People had expressed their views and had been involved in making decisions about their care and treatment.

People told us that there was plenty of food and drink available, but responses were varied as to the quality and choice of food provided in the home.

People knew who to talk to if they had any concerns and felt it was an environment where their concerns would be listened to and addressed.

People told us they felt they were well cared for by staff and that the staff were very caring and responsive to their care needs.

What we found about the standards we reviewed and how well RNIB Wavertree House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People told us that staff respected them and considered their privacy and dignity particularly when providing their personal care. One person said "They treat me with privacy and dignity at all times," and "all the staff are kind, polite and pleasant".

Three people we spoke with were not aware that they had a care plan, but all told us that care workers had discussed with them the care to be provided. Two people who were aware that they had a care plan told us that these were periodically updated.

Care workers told us that people could choose a male or female member of staff for help with their personal care. One person we spoke with told us that they had chosen to only have female care workers when assisted with their personal care.

People told us their spiritual needs were met in the home. We were told that representatives from various faiths visited the home regularly to provide spiritual or religious support for people to access.

People told us that the routine in the home was flexible, and a number had chosen to spend most of their day in their own rooms, unless they had chosen to participate in any of the activities facilitated in the home.

People told us that they were aware of the activities provided for them to access. Feedback was varied about the range of activities provided. Two people told us they would welcome more activities to attend.

Other evidence
Is people's privacy and dignity respected?

The care workers spoken with demonstrated an understanding of culture and of respect for privacy, dignity and diversity.

The manager told us that one care worker had attended training to be the 'dignity champion' for the home, and that it was planned for other staff to also attend this training.

We observed staff during the visit treat people with dignity and respect, they knocked on people's door before entering them room, called people by their preferred name or title, and spoke to them clearly and with respect. Some people had 'do not disturb' signs that they could display on their room door.

As an RNIB home staff and people who use the service had the support and accessibility of the skills and expertise of the organisation. There were specially trained staff experienced in supporting people with sight problems and/or hearing loss. There were particular adjustments in place in the home to meet the needs of people with a visual impairment and to help promote and retain people's independence. Equipment was available in the home to enable people to reference information in a format to meet their care needs. Additionally equipment to assist people to eat their meals were available to use or could be sourced depending on individual people's care needs.

Are people involved in making decisions about their care?

We viewed five people's care documentation which recorded people's choice and preferences about the care provided.

We viewed several of the people's rooms in the home which were decorated with personal items including family photographs, cards, and flowers. People we spoke with confirmed that they had a locked cupboard to secure personal items and a key to their room if they wished to hold a key. People had access to music, movies, newspapers, magazines, books, and the television programmes they enjoyed.

There was an activities timetable detailing activities that people could access and when. Wavertree House had a part-time time activities coordinator. The manager told us they were in the process of recruiting a second activities coordinator following feedback from people who use the service that they would welcome a wider range of activities to be facilitated and at a greater frequency. During our visit, we observed a group congregating to participate in a craft activity, and people were asked over the lunch period who would like to go out on a shopping trip to a nearby shopping centre.

We observed that people had a choice about where to have their meals. The dining room was about to be refurbished and people using the service had been able to help choose the decor and new furnishings to be purchased. Lunchtime was provided over a period between 12.15 PM -12.45 PM and people had the choice of when they came

down for their meal between these times. Where people were out at lunchtime they could request a meal was kept for their return. One person told us they had had their meal saved when they went out for an activity.

We observed where people needed assistance during lunchtime that care workers were discussing choices with people using the service in respect of the provision of drinks and meal choices. Care workers sat to one side and talked to people whilst they assisted them with their meal. People were fully involved in the process and interactions evidenced that people were respected and involved in their care.

Our judgement
The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
At the time of the visit, we were told that everyone was from a similar cultural background. We were told that the cook met with everyone individually, shortly after their arrival in the home, to discuss their individual dietary needs and their likes and dislikes.

People told us that there was plenty of food and drink available, but responses were varied as to the quality and choice of food provided in the home. Those who had been resident in the home longer were aware that menus were being discussed with people in the home during the resident's meetings.

We were told that the home catered for people on special diets including diabetic diets and specific preferences for example where people were vegetarians.

Three people we spoke with who had specific dietary needs told us that this had been discussed with them and their dietary needs were being met in the home.

Two people told us that at times the kitchen had run out of basic food items. This had not affected the provision of meals in the home, but at times the number of choices of meals available for people to select from.

Other evidence
Are people given a choice of suitable food and drink to meet nutritional needs?

There was a four-week menu in place in the home and which detailed choices were

available at each meal. A menu board with the day's menu in large print was available for people to reference in the dining room.

There were specially trained staff experienced in supporting people with sight problems and/or hearing loss. Equipment was available in the home to enable people to reference information in a format to meet their care needs, and to assist people to eat their meals where required.

People were asked about their menu choices each evening for their lunch the following day, and staff were observed asked people at lunchtime what their choice was from the menu for tea that evening. But all staff and the people we spoke with told us that people could deviate from their menu choice if subsequently they had a change of preference for something else on the menu or just a lighter snack, sandwich or salad.

Drinks and snacks were available through the day. We observed people had been asked if they would like a drink and snack during the afternoon from a range of choices available.

Additionally all the flats had a small kitchen where people's own food, drinks and snacks could be stored and prepared if that was their wish. Two people told us that they used this facility and were provided with ingredients from the kitchen and also purchased their own snacks.

Feedback about the quality, accessibility and choice of the food provided was varied. We discussed this with the manager during the visit, who told us they had also been made aware of the feedback and the menu, particularly the supper menu was in the process of being reviewed. This was being discussed with people in the resident's meeting and suggestions of supper dishes had been sought through surveys to ensure that it was meeting the needs of people using the service. The manager told us that they were also aware of the people's concerns where food items had not been available and which had affected the choices of meals available for people to choose from. They told us that the way food was ordered in the home had been changed to ensure the full range of food items were always available in the home. The recruitment of an additional cook to the home was in process, which would also help with the ordering and range of meals available. We looked at the foodstock available in the home during our visit and spoke to the catering staff on duty, who all confirmed the changes to the ordering arrangements which had been made that and that had ensured stock items were availble in the home.

Are people's religious or cultural backgrounds respected?

One person was able to confirm they had met with the cook, particularly as they had specific dietary needs which needed to be met. They told us that the catering staff were aware of their specific needs and provided meals to meet this and had at times cooked the same meal as for other people in the home with adjustments to meet their dietary needs.

Are people supported to eat and drink sufficient amounts to meet their needs?

The manager told us that the home worked closely with speech and language therapists when necessary to meet people's swallowing and eating needs and with the

dietician. The five people's care plan documents viewed recorded that people were weighed monthly to monitor any increase or decrease in people's weight. If weight loss was noted expert advice was sought and the catering staff would be informed of the importance of fortifying food and offering nutritious drinks.

The care staff and catering staff we spoke with demonstrated an understanding of the importance of good nutrition and hydration. The three care workers told us that people were assessed for their nutrition and hydration needs and that people were assisted with their food and fluid intake depending on their needs for care and their personal dependency levels. No one during our visit was having food and fluid intake charts completed. But we saw that this recording was available for use where indicated.

The majority of the people using the service were independent and did not need assistance with their lunch. But equipment to assist people to eat their meals if required were availble to use or could be sourced depending on individual people's care needs.There were drinks available on the tables which we observed people helped themseves to. We observed that where people did need assistance care workers discussed choices with people in respect of drinks and meal choices. People were observed to be fully involved in the process and interactions evidenced that people were respected and involved in their care. The provider may wish to note that for one person assisted with their meal they had only had a short amount of time to eat their dessert before it was taken away. A number of care workers assisted this person during the mealtime. This had lead to a lack of continuity and resulted in this person having been given to eat their dessert by one care worker to have it taken away shortly afterwards by another. We discussed this with the manager during the visit who told us that this would be discussed with staff to ensure better continuity of care.

Our judgement
The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us they felt safe and were well cared for by staff in the home.

There was a complaints policy and procedure in the home and all the people we spoke with told us they knew who to speak to if they had any concerns, and they felt it was an environment where they could raise any concerns if they wished to.

Other evidence
Are steps taken to prevent abuse?

The manager told us they had undertaken safeguarding vulnerable adults training for managers and confirmed they had access to the home's and the local safeguarding policies and procedures to reference on the Internet. They were also alerted to any updates to these policies and procedures.

The three care workers spoken with were aware of the policies and procedures and where to access them. They demonstrated knowledge of safeguarding people from abuse. They confirmed that they had received safeguarding adults training.

The sample of training records we looked at recorded that all the staff had attended safeguarding of vulnerable adult training which enabled staff to understand the aspects of safeguarding which were relevant to them. In two instances records detailed that two care workers had not received refresher training to meet the organisation's requirements. This was discussed with the manager who told us this had been

identified and was to be addressed through training provided in-house and by an external provider.

Do people know how to raise concerns?

The three care workers we spoke with demonstrated they knew how to recognise the signs of abuse and that they must report all cases of concern to the appropriate person in the home, or directly to external agencies where appropriate.

The RNIB safeguarding information, which described ways of seeking help was in the foyer for people to reference. Equipment was available in the home to enable people to reference information in a format which met their care needs.

Are Deprivation of Liberty Safeguards used appropriately?

The manager told us that they and senior staff in the home had undertaken training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People who were using the service at the time had capacity to make decisions about the care provided. The manager demonstrated an awareness of the facility of a best interest assessment for people where required and who to contact to initiate this.

The care workers we spoke with had not undertaken training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The manager told us the organisation had identified the need for all care workers to now undertake this training. This was to be addressed through training provided in-house and by an external provider.

Our judgement
The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us they felt they were well cared for by staff and that the staff were very caring and responsive to their care needs.

Other evidence
Are there sufficient numbers of staff?

We looked at the staff rotas and discussed staffing levels and arrangements with particular emphasis on how staff were deployed to work at mealtimes. We were told that there were usually five care workers on duty during the morning, although during our visit there were six care workers on duty during the morning, and four during the afternoon. The manager told us they monitored the staffing levels in place in relation to the care needs of the people resident in the home. Staff told us that although they were busy, there were enough staff to meet people's care needs. Agency staff were used to cover vacant shifts in the home, and staff told us that they tried to ensure the same agency staff were requested to work in the home as they knew the care needs of the people who used the service.

We observed staff assisted people with their meals during lunchtime. As well as the care workers on duty, catering staff also assisted with the serving of the meals, so that there were enough staff to serve and offer assistance where required. A number of people had chosen to have their meal in their room and staff had been deployed to take the meals to people's rooms.

Do staff have the appropriate skills, knowledge and experience?

We reviewed the knowledge and skills of staff supporting people in the home. We found there was an appropriate mix of senior staff, care staff and ancillary staff.

As an RNIB home staff and people who use the service had the support and accessibility of the skills and expertise of the organisation. There were specially trained staff experienced in supporting people with sight problems and/or hearing loss.

Two catering staff spoken with told us they had good access to training. They had undertaken basic food hygiene training and achieved an NVQ Level 2 in Catering and Hospitality to develop their skills and knowledge of the production of meals in the home. They demonstrated an understanding of the importance of providing nutritious meals to meet the individual dietary needs of the people who use the service. The manager told us the cook had achieved NVQ Level 3 in Catering and Hospitality.

Staff had not all received any specific training in nutrition but the manager said that this topic was covered as part of a National Vocational Qualification (NVQ) training. Records viewed recorded that ten care workers had achieved an NVQ Level 2, three of whom also had NVQ Level 3 and a further four people also held NVQ Level 3 all in care.

Staff told us that when required, they sought advice and support from dieticians or speech and language therapists. We were told that visits from nutritionists/dieticians and speech and language therapists were were arranged when required to meet individual needs.

Staff spoken with were able to demonstrate that they knew people who used the service well and were aware of their care needs. Care workers confirmed that they received a detailed handover between shifts.

Our judgement
The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
People who use the service made no specific comments about this outcome.

Other evidence
Are accurate records of appropriate information kept?

We looked at a sample of records such as care planning documents, samples of fluid and nutrition intake charts, daily notes and staff training records.

We looked at five people's care plans. We saw that the care plans had been updated to ensure that new requirements and preferences were included. Where there was a perceived risk, an appropriate risk assessment was carried out with guidelines for staff to follow to reduce the risk. At the time of our visit people's care documentation was in the process of being transferred onto the organisation's new care documentation. The manager acknowledged that the detail of recording was variable and that they had ensured care workers were supported in the completion of these documents to the required standard. There was a record of a monthly review of people's care needs which were all up-to-date. Regular audits of people's care documentation had also been carried out periodically to check the required information was being recorded and checks completed. Overall, care plans contained the information required to ensure people's needs, choices and preferences were met.

The manager and the three care workers we spoke with told us that people were routinely screened for malnutrition at the point of admission to the home and then when a risk had been identified. They recorded people's weight every month unless there was a specific reason not to do so and the care plans viewed detailed this information. Food and fluid charts were available to be put in place should it be necessary to monitor people's intake where indicated.

Are records stored securely?

People's care documentation were mainly kept in a central locked office and accessible to all care staff working in the home. This ensured that this information was accessible to staff as handovers between shifts were held in the office and maintained confidentiality. Some documentation such as daily records and recording charts were also kept in people's own rooms.

Our judgement
The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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