



Inspection Report on

Blind Veterans UK Llandudno

**Blind Veterans UK
Queens Road
Llandudno
LL30 1UT**

Date Inspection Completed

20 February 2020

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Description of the service

Blind Veterans UK Llandudno is located in Craig Y Don, a local village that borders the coastal town of Llandudno. The service provides short term respite care and support for up to 14 adults with personal and nursing care needs. The service caters for visually impaired men and women who have served in Her Majesty's Forces.

The service provider is Blind Veterans UK. Nicky Shaw is the responsible individual (RI) overseeing the service. The manager is registered with the Nursing and Midwifery Council (NMC) and is currently completing the required qualification in order to register with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

The care and support provided at Blind Veterans UK Llandudno is consistently person centred. The culture within the service is completely inclusive and people are encouraged to be involved and make decisions about all aspects of their care and support. People have access to an extensive range of meaningful activities, which enhances people's well-being and quality of life. People are respected and valued as individuals and are empowered by a dedicated management and staff team. The service provider has employed a new service manager who demonstrated a positive and caring work ethos that they wanted the staff team to embody. There has been a restructure within the management team in order to aid proper oversight of the management, quality, safety and effectiveness of the service.

2. Improvements

The service was re-registered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out the areas where the service is not fully meeting legal requirements and our recommendations to improve the service. These include the following:

- fitness requirements for appointment of manager;
- staff meetings;
- quality of care review;
- health & safety;

- personal emergency evacuation plans (PEEPs);
- reviewing and updating risk assessments and the statement of purpose.

1. Well-being

Our findings

Dignity is underpinned by staff interactions with people. We observed staff and found they demonstrated respect and sensitivity towards people's care and support needs. There were dignity champions in place who promoted the service provider's visible approach to maintain people's dignity at all times. The staff team were observed to be kind and caring to people and their relatives/representatives and were dedicated in ensuring each person had a safe, person centred and memorable stay with them. The people and relatives/representatives we spoke with were highly complementary of the service. The comments we received during our inspection included *"The service has put meaning back into my life, I'm not sure where I'd be without Blind Veterans, they are my life saver"*, *"my introduction week has been fantastic it really amazes me how much effort they give to support us here, nothing is too much bother, I cannot wait to return"* and *"the care is outstanding here it's the only place I will bring X because I know the service will be exceptional"*. The management and staff team we spoke with were motivated and were dedicated in providing a high quality service. People have positive relationship with staff and are treated with dignity and respect.

People are supported with their physical, mental, social and emotional well-being. Care documentation evidenced people and their relatives/representatives were involved on an ongoing basis in decisions that affected their care and support. Staff had access to personal plans, which provided them with important information about people's care and support needs, routines and preferences. We saw appropriate risk assessments had been completed in line with any identified risks to that person. Health referrals were made to ensure people got the treatment needed at the right time. We saw people consistently engaging in meaningful activities, which enhanced their well-being. People and their relatives/representatives have the opportunity to provide feedback after their stay in order to improve the service. People's well-being is promoted.

The service protects people from poor and neglectful practices. The people and their relatives/representatives we spoke with said, if they had any concerns or issues they could *"confidently"* raise them with the staff and the management team. Our discussions with staff and training documentation evidenced staff had completed ongoing safeguarding training and were aware of their individual responsibilities for raising concerns. Safeguarding policies and procedures were in place, which could be accessed by staff. People are safe and protected from abuse and neglect.

People receive care and support in a safe and welcoming environment. A visitor's book was located at the front reception to ensure records were kept of all persons entering and leaving the service. Practices and processes were in place to ensure people's individual

safety was maintained. However, documentation in relation to fire safety, general housekeeping and control of substances hazardous to health (COSHH) were in need of updating. The environment is designed to encourage independence and is equipped to meet the needs of the people and their relatives/representatives for which the service is intended. People stay in an environment, which supports them to achieve their well-being.

2. Care and Support

Our findings

People receiving a service are assessed to ensure their individual needs and outcomes can be appropriately met. An arrivals policy and procedure was available which gave an overview of the admissions process. This policy is due for renewal in June 2020; we recommend the service provider considers the statutory guidance when reviewing to ensure all the required information is included. Before a service can commence a community support worker, who also liaises with the care team at Llandudno completes a pre-assessment with the individual and their relative/representatives. The assessment is led by what is important to the person at that time and to explore outcomes. This is then followed by a phone call from the care team at Llandudno two weeks before their stay at the service. This phone call is to check that all the information about the person's care needs are correct and to ask if there had been any changes. Each of the care files we reviewed evidenced procedures for assessment and admission were being followed. This process was also confirmed during our discussions with people receiving a service and the staff team. The service considers a wide range of views and information, to confirm that the service is able to meet the individual's needs and support people, to achieve their personal outcomes.

Staff have access to personal plans and risk assessments. We reviewed three care files and associated documentation. A new person centred software (PCS) had recently been introduced which was currently being embraced by the staff team. This electronic care planning system gave staff access to people's personal plans, risk assessments and document the support provided. The three care files we viewed each contained information about how on a day-to-day basis the individual's care and support needs will be met including their personal outcomes. We saw people had appropriate risk assessments in place, which provided staff with information on the steps, which need to be taken to mitigate any identified risks to the individual's well-being. Information was also available for staff in order to promote independence and support positive risk taking. We saw personal plans and risk assessments had been reviewed as and when required but in line with regulations. The people and relatives/representatives we spoke with confirmed they had contributed to the information within the personal plans. We conclude people receive the right care and support, at the right time, in the way they want it.

The service has systems in place to ensure staff have clear oversight of people's health and welfare. The service has established links with the local GP practice who visits once a week. We saw records relating to professional consultation and any other relevant correspondence were maintained to provide a clear health record for the individual. We saw people benefited from an on-site rehabilitation department, which consisted of a health, and well-being team, which was accessible to people receiving a service. We saw people were

using the on-site gymnasium, which consisted of sports instructors that were available to assist people with, exercise programmes. We viewed a sample of dining menus, which consisted of healthy meals. The people we spoke with and their relatives and representatives praised the food and the dining experience at the service. One relative told us *“they are so accommodating, the food is beautiful, plenty of choice and even then if you aren’t keen they are more than willing to offer something else”*. The medication administration records we viewed showed that people had received their medication as prescribed from trained and competent staff. We saw effective systems were in place to ensure oversight and audit of medicines management. People are consistently supported with their health and overall well-being.

People have access to a varied range of activities, events and facilities. The people we spoke with and their relatives/representatives described the activities on offer as *“superb”*, *“purposeful”* and *“excellent”*. We viewed the activity programme, which included a variety of in-house activities along with trips out. In-house activities included TV interactive games, arts and crafts, mindfulness walks, meditation, qi-gong, in-door bowls, chair based yoga, archery (which we observed on the day), a variety of music entertainment, quizzes and Welsh workshops. The trips out that week included a trip to the local town, Airworld Caernarfon, Betws Y Coed, rifle shooting at the range and culture and history museum. People also have opportunities to complete daily living activities to increase their independence. This included using the on-site ‘training kitchens’ which gave people the opportunity to learn how to use different kitchen appliances safely. A person we spoke with who was on their first visit to the service was proud to inform us they had completed their introduction week and described their stay as *“life changing”*. This person was getting ready for an important event that evening and practiced their speech with us. We conclude the service consistently provides an extensive activity programme, which enhances people’s well-being.

3. Environment

Our findings

The service provider ensures people's care and support is provided in an environment with facilities and equipment, that promotes achievement of their personal outcomes. We toured the building and viewed a selection of bedrooms, the dining areas, communal areas and the kitchen. The bedrooms were clean, tidy and secure as people were issued with individual key cards to access their room. Each room we viewed had its own en suite/wet room shower facilities and height adjustable sinks in order to accommodate less mobile individuals. It was noted that wardrobes were not securely attached to walls and no risk assessment had been completed in regard to this matter. We discussed the potential risks this posed to people with the manager and they told us they would discuss the matter with the management team. People who had mobility difficulties and used a wheelchair or a mobility scooter had ample room to manoeuvre within the environment and had access to upper floors via lifts. On the second day of our visit, a person receiving a service gave us a tour of the building. They described the environment as "*very grand, comfortable and spacious*". We saw all the communal areas, which were set out to promote social interaction being used during our visit, with people making new friendships and creating memories. People receive a service within a high quality environment.

The records we reviewed evidenced there were systems in place for checking and maintaining health and safety. We saw documentation, which evidenced that weekly and monthly fire checks had been carried out consistently throughout the year along with fire drills. However, it was noted that the most recent fire risk assessment was dated 17 January 2017. We discussed this with the manager who informed us, that this was on the agenda to be completed. We also discussed the need to ensure people have PEEPs in place. These plans are designed to document a procedure for assisting vulnerable people during the event of an emergency. We saw potential hazardous items such as cleaning products had been securely locked away; however, it was noted that the associated risk assessments and general housekeeping risk assessments were in need of reviewing and up-dating. Overall, the service has systems in place to ensure the safety of the people receiving a service, their relatives/representatives and staff. However, further consistency is required to ensure documentation is reviewed and up-to-date.

4. Leadership and Management

Our findings

People are provided with information about the service. The service provider's vision is to *"achieve victory over sight loss"* and their mission is to *"provide high quality national support, which transforms the lives of as many blind veterans as possible, as and when they need it"*. Through our observations and discussions, this vision and mission within the service had been embedded throughout the staff team and management. A statement of purpose (SOP) and service user guide, in the form of a welcome pack was available which provided information about the service and its mission. The people we spoke with and their relatives/representatives demonstrated a good understanding of how the service operates in providing care and support. We reviewed the most recent SOP available at the service and noted that the up-dated copy had not been submitted to CIW. We also recommend the SOP be further reviewed to ensure, it contained sufficient information in relation to the quality of care review, and how the service provider anticipate meeting people's language and communication needs. The people we spoke with and their relatives/representatives told us they knew the complaints process and were confident the service provider would address their concerns immediately, if they had any. We conclude people know and understand the care, support and opportunities available to them within the service.

People receive care and support from staff who are safely recruited, supervised and trained. We viewed three staff members personnel files and associated documentation and found that safe recruitment practices had been followed. During our visit, we saw that there was sufficient numbers of staff on duty to provide the care and support that people required. We observed staff to be unhurried when carrying out their duties and took time to communicate with people as they did so. Each staff member had received one-to-one supervision and annual appraisal as and when required but in line with regulations. We found staff meetings had taken place; however, they had not been consistently held since the last inspection. We were informed by the new service manager that from March onwards they would be consistently holding 'all care meetings'. This will provide an opportunity for communication between staff and management to identify and resolve any issues. We reviewed staff training documentation, which evidenced staff had completed mandatory training along with service specific training. We saw champion roles had been introduced to certain members of staff enabling them to improve certain areas within the service, and be the key point of contact and support for other staff members. People can achieve their personal outcomes because staff are suitably fit, supported and trained to carry out their roles.

Overall, the responsible individual (RI) has arrangements in place to assess, monitor and improve the quality and safety of the service. We saw evidence the RI had completed the required three monthly visits to the service; the visits were logged and included a comprehensive report. Each visit included talking to individuals using the service, their

relatives/representatives and staff, inspecting the premises and a selection of records. The people we spoke with told us they are requested to give feedback about their stay in order to identify the benefits of the service and any areas that could be improved. We saw an electronic system was in place to record compliments and feedback, all of which were consistently positive. The service had systems in place to audit, identify and monitor improvements such as infection control audits, medication audits and health and safety meetings. Although the service provider had effective systems in place to drive continuous improvement a quality of care report had not been completed, which needs to be addressed. Overall, the service has systems in place to drive continuous improvement.

People and their relatives/representatives can expect to receive a service, which is led to a high standard. We observed that interactions between the new manager, staff and people and their relatives/representatives was kind and approachable. The staff we spoke with felt supported by the management team and enjoyed their work. Staff comments included, "*I feel very lucky to work here*", "*staff morale is good - we work well as a team*" and "*I feel very supported in my role and since Eirian has come on board things are very structured and organised*". The service manager has yet to complete the required qualification in order for them to register with Social Care Wales. A non-compliance notice has not been issued on this occasion, as there was no direct impact to people receiving a service. This will be followed up at the next inspection. We conclude the manager is visible, approachable and responsive.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance from this inspections.

We have advised the service provider that improvements are needed in relation to the following in order to fully meet the legal requirements:

- Regulation 68 in relation to fitness requirement for appointment of manager.

A non-compliance notice has not been issued on this occasion, as we did not see the issue had negatively affected peoples' well-being or the care and support they received. We expect the service provider to take action to rectify this and it will be followed up at the next inspection.

5.3 Recommendations for improvement

We recommend the following:

- Health & Safety; securing wardrobes to walls would minimise the potential risk of them being pulled over and people receiving serious or minor injuries. The service provider needs to risk assess and document their findings and decision.
- PEEP's need to be in place to ensure people's level of need for assistance during an emergency situation has been assessed and recorded. The evacuation plans for each of the departments should be reviewed and up-dated.
- Risk assessments including COSHH, general housekeeping, fire and the evacuation plans for the different departments should be reviewed and up-dated.
- Regular staff meetings should take place in order to keep staff informed and updated. A minimum of six meetings per year.
- The quality of care review must be completed as often as required but at least every six months. The service provider should consider CIW's template and guidance on how to complete the quality of care report, which will also help them, complete their annual return in the future.
- The SOP should be reviewed and up-dated to include the correct terminology in relation to the frequency of the quality of care review, and how the service provider anticipate meeting people's language and communication needs including the provision for the Welsh language. The up-dated SOP should then be submitted to CIW.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. One inspector made an unannounced visit to the service on the 19 February 2020 between 10:00 am and 4:30 pm, we returned to the service on the 20 February 2020 between 09:45 and 1:30 pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We looked at a wide range of records. We case tracked three members of staff including their supervision and appraisal documentation and training documentation;
- We reviewed a selection of policies and procedures, compliments and complaints records, RI formal visits, fire safety file, COSHH file, general household risk assessments, selection of food menus and activities program;
- We observed people participating in a variety of activities;
- We case tracked and reviewed records for three people receiving a service;
- We reviewed medication practices within the service;
- We reviewed the SOP and compared it with the service we observed;
- We spoke with the people receiving a service, their relatives/representatives and staff members including three from the rehab team;
- We gave feedback to the service manager on the second day of inspection and
- We spoke with the RI who verbally confirmed that the inspection feedback should be given to the service manager.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Blind Veterans UK
Responsible Individual	Nicky Shaw
Registered maximum number of places	14
Date of previous Care Inspectorate Wales inspection	7 & 9 February 2018
Dates of this Inspection visits	19 & 20 February 2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: To anticipate the needs of individuals whose first language is Welsh, we recommend the service provider considers the Welsh Government's ' <i>More than just words follow on strategic guidance for Welsh language in Social Care</i> '.	

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