

# Achieve Together Limited

# Gallaudet Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Gallaudet Home is a residential care home providing personal care without nursing for 7 people who were Deaf and had other conditions such as learning disabilities, autism and mental health. The service can support up to 8 people.

### People's experience of using this service and what we found

#### Right Support

People were supported to spend their time where they liked within the home. Others were regularly accessing the educational facility on site and the local community. However, some people were not always achieving their full potential or quality of life because staff lacked specialist training. Systems and staff knowledge were not always in place to support people who could become distressed.

People were supported to review their care and support with key staff each month. Staff changes had delayed these meetings for some people and as a result, their preferences had not always been supported.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

#### Right Care

People were supported by staff who knew them well. However, their care plans did not always reflect this detailed knowledge to support consistent care.

People's privacy and dignity was respected. Each person was valued as an individual and their differences and choices celebrated.

#### Right Culture

The manager was working towards embedding a Deaf culture into the service by ensuring all staff were able to use British Sign Language. Some individual examples were talked through at the inspection. However, the wider Deaf community and resources had not always been considered.

People were not always living empowered lives because staff did not always have the skills or understanding

to embed the 'Right support, right care, right culture' guidance. The management promoted a caring culture in the service which some compared to a family feel.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 30 June 2021 and this is the first inspection. The last rating for the service under the previous provider was Good (published 11 January 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have made 2 recommendations about supporting people who can become upset or distressed and the duty of candour.

We have identified a breach in relation to decisions making at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Gallaudet Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The onsite inspection was completed by 1 inspector, 1 internal Deaf specialist advisor who is a British Sign Language (BSL) user, 2 BSL interpreters and 1 member of the CQC medicine team. An Expert by Experience made telephone calls to relatives during the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gallaudet Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gallaudet Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The current manager was going through the registration process with CQC. They were registered with CQC following the inspection.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection under the previous provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

## During the inspection

We communicated using BSL with 5 people and carried out a range of observations. We spoke with 5 relatives on the telephone and 6 members of staff including the manager and provider's representative. We looked at records relating to people including medicine records and care plans. We reviewed a range of systems and records relating to the running of the service including training records, policies, audits and recruitment.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People who became upset or distressed were not having their distress analysed to identify key triggers. Positive behaviour support plans lacked information to demonstrate a proactive approach was used when supporting people. One person had a positive behaviour plan with additional analysis from a specialist team; however, actions taken by staff were not aligned with this. For example, the specialist team highlighted sensory needs being important to the person; nothing was in place to satisfy this need. This meant there was a risk of people becoming upset or distressed unnecessarily leading to a poorer quality of life.
- Staff did not have adequate specialist training to proactively support people who could become distressed or upset. This placed people at risk of receiving incorrect support for their needs. Nor did staff understand how positive risk taking can be beneficial for people to improve their quality of life.
- During the inspection, the management set up some additional training for staff and reflected upon their own practice.

We recommend that the provider consider current guidance, training and practices for people who can become distressed when upset or anxious and take action to update their practice accordingly.

- People had other risks assessed and there was an ongoing plan to review these by the management.
- Systems were in place to manage the risks around the environment of the home to keep people safe. Fire drills were held regularly and ensured they involved all staff. All health and safety checks were monitored centrally.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from potential abuse. People responded with "Yes" when asked if they felt safe living at the service. One relative told us, "I do feel care is safe."
- Staff knew how to keep people safe and recognise potential abuse. All felt action would be taken by the manager if they reported their concerns. Staff knew where they could go to find out who to report concerns to externally.
- Systems were in place to manage potential safeguarding concerns. The system included when concerns should be reported to external bodies. Concerns had been reported to the local authority safeguarding team.

### Staffing and recruitment

- People were supported by enough staff to meet their needs and keep them safe. Comments included,

"There is enough staff. They do use agency staff but now the staff are very consistent" and, "There is enough staff now." The manager told us all agency used were consistent and had to have basic British Sign Language (BSL) to communicate with people.

- People were supported by staff who had been through a safe recruitment process. This included references from previous employment. The central human resources team supported the manager to recruit staff. Additionally, they had been running drives to support recruitment of new staff.

#### Using medicines safely

- Medicines were managed safely. One relative told us, "Medicines are good and safe." Six out of 7 people had medicines stored in locked cupboards in their bedrooms. The last person chose to have their medicine stored centrally. Staff knew people's preferences of how they liked their medicines administered and followed this.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both). People's medicines were reviewed by prescribers in line with these principles at regular medication reviews. However, there were occasions these had not occurred annually in line with current legislation.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to maintain contact and had visitors. Comments included, "They [staff] facilitated video calls with [person] during COVID-19", "I always come home happy after a visit. [Manager] is very good and all the staff are lovely" and, "[Person] can call and visit when they like."

#### Learning lessons when things go wrong

- People were living in a service where lessons were learnt when things went wrong. Examples were seen where action was taken and lessons had been learnt. One relative and staff explained a situation which occurred whilst a person was in the community. The manager talked us through action taken to learn from the incident including better communication.
- Systems were in place so learning could be shared amongst the provider's other services. These were monitored centrally and the provider's quality team checked implementation at their regular visits.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who lacked capacity were not always having decisions made in line with statutory guidance. Three people had decisions made by staff and others where they lacked capacity. Nothing was recorded in their care plans to demonstrate decisions made were least restrictive and in their best interest.
- Records which had been made were not always decision specific. For example, 1 person had 3 decisions on one mental capacity assessment and a best interest decision. This meant it was not clear the person's rights had been considered including the least restrictive options chosen.
- Independent advocates had not been considered to support people to communicate their views and consent to decisions.

People lacking capacity were not having decisions of consent made in line with statutory guidance. This is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management told us they would be investigating options about advocates for people.
- Staff understood to ask people about choices throughout their day. Staff knew how people would indicate they were not consenting to things like hands-on care in their different methods.
- Systems were in place to manage people that required them having DoLS. Two people had DoLS authorised. However, these had not been notified to CQC in line with legislation and following the inspection

were made retrospectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported in a service where their needs were understood by staff who knew them well. Staff adjusted the way they supported people when things changed. However, people's records were not updated as promptly. The management had plans to rectify this.
- People were not always receiving support in line with current standards, guidance and law which ensured they had the best quality life. The manager was aware they needed to become more familiar with current standards, guidance and the law to enhance the plans they had for the service. A representative of the provider was already supporting the manager to improve their knowledge.

Staff support: induction, training, skills and experience

- Staff lacked specialist training in people's specific needs or conditions. For example, staff had not received training in mental health conditions and in-depth autism training. Nor had they received training in relation to positive behaviour support. This meant staff were limited about their knowledge to be proactive and ensure people had a good quality of life.
- During the inspection, the provider's representative and manager put an action plan in place to resolve the shortfall around specialist training. This included liaising with specialists health and social care professionals from the local teams to run training sessions to increase staff knowledge. Some of the topics would be staff expanding their skills around supporting autistic people.
- Most staff, including agency staff had basic British Sign Language (BSL) training so they could communicate with people. However, 1 member of staff said they still not had received BSL training. The provider had still not added Deaf awareness training or BSL training options to their service specific section. This was added following the inspection.
- People were supported by staff who had received an induction and range of mandatory training. New staff shadowed experienced staff and agency staff were treated like all permanent members of staff. Comments included, "Staff communicate very well. They can all sign" and, "Most of the staff sign with BSL and can write things down."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy balanced diet in line with their specific needs. When people were asked in BSL if the food and menu was good, they responded with "Yes". Comments from relatives included, "[Person] can prepare drinks if staff are there", "I think there is a good choice of food. Nothing negative from my [person]" and, "All food is cooked fresh as [person] is diabetic and their individual needs are met." One person had a table replaced to improve their eating experience because they were on a special soft diet.
- However, people were not consistently involved in food preparation and times they wished to eat. One person prepared their own lunch with staff observing they were safe. All people had choice about what they wanted for lunch. However, other people were not as actively involved in preparing their food. All people appeared to eat at a similar time and this was a comment from a relative.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health and social care professionals. Comments included, "[Person] started physiotherapy again after stopping on a previous occasion" and, "They keep all health professionals including the dentist. They keep up with that."
- Care plans demonstrated other health and social care professionals were in regular contact with the home. During the inspection, the manager made a doctor's appointment for a person because they had identified their pain had increased.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their own bedrooms. When required they had a key to their bedroom door to maintain their privacy. One person was selective about who they let in their bedroom. The manager and staff had found a way to manage that situation to ensure it was kept clean.
- Shared spaces around the home had been redecorated recently. The manager had made sure people were involved in choosing the furniture and colours. The colours people could choose from were selected to be autism friendly colours.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who respected and allowed people to express their differences. Since the last inspection, improvement was noted in relation to 1 person in how they communicated with the inspection team. People were comfortable in the presence of staff and clearly enjoyed interacting with them. Comments included, "From experience staff have been very approachable and helpful", "Staff are caring and [person] feels listened to" and, "I think [person] is treated equally."
- People's diversity and beliefs were respected and supported by staff to improve their quality of life. One person had made a choice to be open about their sexual identity in public spaces. Staff supported them to socialise in places so they could meet like-minded people until they felt comfortable to do so independently. Other people attended church regularly so they could respect their religious beliefs.
- Learning had occurred from the provider's other local services about embedding Deaf culture in the home. All staff were using BSL and work had been undertaken with a person nearing the end of their life. There was a regular visit from a Deaf decorator who would spend time BSL signing with people. Further improvements were still required to fully integrate the Deaf history and culture into the home.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices throughout their day. They could spend time where they wanted in the home. Some chose to spend time in the lounge, some in their bedrooms, 1 person was regularly in the garden and others were in the dining room.
- People were not always supported by staff using person-specific communication methods. Staff BSL signed options and used objects of reference such as jugs with different drinks in. However, little use of pictures or symbols were used to help assist choices being made. During the inspection, the provider organised additional specialist training for the future to teach staff other methods of communication.

Respecting and promoting people's privacy, dignity and independence

- People had mixed levels of independence. Some would access the community independently whilst others required staff support. When possible, staff would support those people to access the community.
- In the home, some people were able to choose when they ate and prepared their own food. Whilst other people had to wait until staff prepared their food. Little emphasis on goal-setting was in place to move towards as much independence as possible. This meant not everyone was working towards the most fulfilling quality of life.
- People's privacy and dignity was respected around the home. Staff would flash the lights before entering people's bedrooms to let them know they were entering. One relative said the privacy and dignity the person received was, "very good." Another explained staff do not just walk into the person's bedroom.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that contained some key information about them. However, due to an changes within the management team at the service there had been a mixed approach of how much detail was included. Additionally, there was minimal goal and aspiration setting. This was mitigated by most staff knowing people very well including their preferences and needs.
- People with key worker staff had regular monthly meetings to discuss what was going well, things going not so well and things they would like to do. However, there were occasions these had not been acted on. For example, 1 person wanted to go to the cinema more and had not been. Following the inspection, the manager organised a named member of staff to rectify this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication profiles in their care plan outlining their communication preferences. However, these had not always considered other additional needs for the person. Such as whether symbols or pictures will aid their processing of information despite being successful on previous occasions. During the inspection, the provider took action to improve this.
- Care plans had some elements of accessibility including when easy read documents with symbols or pictures had been included. The manager was clear all staff should be able to use BSL signing to communicate with people. Also, to ensure BSL interpreters were present at any important meeting.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had mixed experience of how frequently they went into the community leading to a varied quality of life. The manager told us there had been a problem with key staff leaving, which led to staff shortages, and wheelchair accessible cars. One person was reluctant to leave the service which was thought to be a result of the COVID-19 pandemic. This was despite previously having success attending a medical appointment when staff used a graphic story method of communication. The visual methods had not been used since to attempt supporting them leaving the service on other occasions.
- One relative said, "[Person] goes down to [local town] on their own and cooks in the kitchen all fine."

During the inspection, people attended the education service on the same site as the service whilst others went to the shops.

- People were supported to maintain contact with family and those important to them. This included staff supporting people until they felt safe. Comments included, "Visiting the service is now like it was before COVID-19" and, "I can call and visit when they like."

Improving care quality in response to complaints or concerns

- People were able to express ways they could be upset and staff recognised that. Relatives confirmed they knew how to raise concerns and received assurance these were resolved. Comments included, "I have made complaints and was told by the home that safeguards have been in place" and, "My first port of call would be the manager. But only had a moan a couple of times and [manager] sorted it out."
- Systems were in place to manage concerns and complaints which was overseen by the provider. One formal complaint had been processed through this system. Learning had occurred and systems in place to reduce repeat of the concern.

End of life care and support

- People were supported to have a dignified death in line with their wishes. The manager talked us through a recent example of how they had met a person's end of life wishes in a way where they were at the centre. Staff had worked with other health professionals to ensure it was peaceful and the person was not in pain.
- Memorials were held for people who had passed away across the whole site. This gave people who had little or no family a caring send off. It also helped people who were friends say their goodbyes.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were not supported in a service by consistent management at the home. Audits had multiple outstanding actions. Care plans were inconsistent and at times lacked key details. Staff training had not always been specialist to meet people's needs.
- The provider was not always in line with current best practice and guidance. For example, the provider had not identified if their current training was in line with required training for social care staff working with people who have a learning disability and autistic people. Nor was the management ensuring people had a good quality of life in line with the 'Right support, right care, right culture' guidance.
- The new manager stepped up from being a deputy manager to try and stabilise the home and provide consistency for people. A representative from the provider was in place to support them in their new role. This included improving the manager's knowledge of when statutory notifications should be sent to CQC.
- Throughout the inspection, the management demonstrated they wanted to learn and improve the service. Action was taken between the first and second days to drive improvement. However, there were occasions the provider had not learnt from previous inspections of services on the same site. For example, deaf related training was still not added to the service specialist training options. Following the inspection, the provider informed us they had added deaf related training to their specialist training options.
- Staff were clear of their roles and responsibilities. They felt supported by the manager. Comments included, "[The manager] is very approachable and friendly. I am really happy" and, "[The manager] is lovely. Can be firm and fair. She likes staff to be happy and good."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements could be made on how empowered all people in the service were. This meant it could have a reduction in the quality of life for people.
- The manager was clear she wanted the home to have a positive culture that was person-centred. Comments from relatives included, "[The manager] is very nice" and, "The location is very nice." Staff echoed comments from relatives, "It is such a lovely place to work. It is relaxed and the staff get on" and, "We run as a team. It works very well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was open and transparent during the inspection. They were less familiar with some of the

regulations and legal duties they should take when things went wrong.

We recommend that the manager ensures they update their knowledge on the duty of candour from a reliable source and take action to update their practice accordingly

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were clearly engaged in the home and had regular meetings with a named member of staff. Relatives had mixed views; comments included, "I have done one questionnaire once as far as I remember" and, "Sometimes I get asked for feedback."
- Staff now felt listened to and their suggestions heard which had not always been the case. One member of staff said, "We have 1-to-1s and staff meetings. I feel listened to". Staff meeting minutes demonstrated BSL interpreters were booked when required.

Working in partnership with others

- The management and staff had developed positive relationships with other health and social care professionals they were regularly in contact with. This resulted in being able to get an appointment swiftly for someone with the GP due to declining health. Also, additional training was arranged for the staff during the inspection following a finding that specialist training was required.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Systems were not in place to ensure decisions were made for people in line with legislation when they lacked capacity.</p>