

The Blackpool Fylde And Wyre Society For The Deaf

Wynfield House Home for the Deaf

Inspection report

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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 ●

Summary of findings

Overall summary

Wynfield House is registered for the regulated activity accommodation for persons who require nursing or personal care for 19 people. The home opened in 1961 and specialises in the care of profoundly deaf elderly and infirm people. The home is situated on Newton Drive, Blackpool and is close to the town centre.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People who lived at the home told us they felt safe and were happy with their care and liked the staff who looked after them. We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and supported people in their care safely.

Staff spoken with and records seen confirmed training had been provided to enable them to support and communicate with people who were profoundly deaf. We found staff were knowledgeable about support needs of people in their care.

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. Staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems. A visiting healthcare professional told us the staff who worked at the home were superb and they had no concerns about the care provided at the home.

People who lived at the home had access to advocacy services. This ensured their interests were represented by professionals outside of the service to act on their behalf if needed.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wynfield House Home for the Deaf

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 23 May 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of services who supported older people. The inspection team were accompanied by a British Sign Language (BSL) interpreter who helped us to communicate with people who lived at the home.

We spoke with a range of people about the service. They included four people who lived at the home, a visiting healthcare professional, a visiting Independent Mental Capacity Advocate (IMCA) and a visiting social care professional. We also spoke with the services chairman, the registered manager and six staff members. Prior to our inspection visit we contacted the commissioning department at Blackpool council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, the services training and supervision records of four staff, arrangements for meal provision, records relating to the management of the home. We also looked at the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "I feel safe because there are lots of staff around." And, "Yes it's a safe place to live. The staff are kind."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed two staff members administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. All staff employed by the service had been trained or were being trained in British Sign Language (BSL). This meant they could support and communicate with people in their care and understand any requests for assistance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties.

We observed lunch in the dining room. Most people were able to eat independently and required no assistance with their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Support we saw provided was organised and well managed. People spoken with after lunch told us how much they enjoyed their meals. Comments received included, "The food is good I have put on weight since coming here. I used to be very thin. They know what I like." And, "The food is very nice there is baked potato every day which I like."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. We saw one person who experienced swallowing difficulties had received a visit from a Speech and Language Therapist who was monitoring their condition. Following the visit the service had been advised to continue with the support provided. A visiting healthcare professional told us staff were superb and they no concerns whatsoever about the care provided.

We looked at the building and found it was appropriate for the care and support provided. There was a lift that serviced all floors and all rooms could be accessed by wheelchair users. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people who lived at the home. The service had a fire alarm system in place to ensure people who were profoundly deaf were alerted when the alarm was activated. This included red flashing lights in all bedrooms, communal areas and corridors. People also had

vibrating pillows to inform them the fire alarm had been activated when they were asleep in bed.

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "The staff are very good and helpful. I like it here." And, "I like the staff they look after me."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "The staff treat me with respect."

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information details on display in the reception area for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. For example the registered manager told us how her staff had supported one person whilst off duty to ensure they received 24 hour care at the home. This had enabled the person to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Three care plans we looked at were detailed and clear about support needs of people and how they wanted their care delivered. One person who lived at the home said, "The staff sit with me to discuss my care plan and If I am happy which I am."

We saw throughout the inspection staff were able to communicate with people who lived at the home using different communication techniques. These included British Sign Language, lip reading and deaf sign. This meant people who lived at the home were supported by staff who could communicate with them and reduce possible isolation and respond to their requests for assistance.

The service had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. When we undertook our inspection visit the service had not received any formal complaints. People who lived at the home told us they were happy and had nothing to complain about.

The service had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by senior carers who undertook some management tasks including administering medication. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and senior carers confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from four people supported by the service included, "The manager is very good and is fair with the staff." And, "I like the manager she listens to me and makes sure I am alright."

Staff and resident meetings had been held to discuss the service provided. We looked at minutes of the most recent residents meeting and saw topics relevant to the running of the service had been discussed. We saw meals provided had been considered and changes to menu's had been agreed. Feedback from people who lived at the home was positive about the service they received and they said they were happy.

Healthcare professional surveys had recently been completed. We saw healthcare professionals said staff were approachable, friendly and always in attendance when they visited the home. Comments received included, 'Staff are always very friendly and helpful during visits. They get on really well with the residents.' And, 'Lovely home. The staff are very caring to all patients and helpful with visitors.' And, 'Always available to help when I visit. I find them very professional.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, Speech and Language Therapists and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.