

The Royal National Institute for Deaf People

RNID Action on Hearing Loss 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

This inspection took place on the 24 and 25 May 2016 and was unannounced. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified.

Gallaudet Home is registered to provide accommodation and care for eight deaf adults who need additional support for conditions such as autism, learning or physical disability or their emotional development. At the time of our inspection there were seven people living at the service.

A registered manager was in post at the time of inspection. 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.

Risk assessments relating to the health, safety and welfare of people were not reviewed regularly. There was no evidence that people using the service or their families had been involved in the risk assessment process. This meant people were at risk of not having their specific needs met.

People's rights were not being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. Care plans did not include mental capacity assessments. Where a person lacked the mental capacity to make specific decisions about their care and treatment, and no lawful representative had been appointed, their best interests were not established and acted upon in accordance with the Mental Capacity Act 2005. This includes the duty to consult with others such as health professionals, carers, families, and/or advocates where appropriate.

Staff members did not receive regular training and supervision to enable them to carry out their duties.

There were ineffective systems in place to assess, monitor and improve the quality and safety of the service.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. We found one discrepancy regarding the stock balance of paracetamol.

People had their physical and mental health needs monitored. Care records showed people had access to healthcare professionals according to their specific needs.

People's nutrition and hydration needs were met. People were provided with food that respected their choices and preferences. Specific dietary requirements were catered for, such as diabetes.

We observed that people were treated with kindness and compassion by the staff. There was a friendly atmosphere in the service. People spoke positively about the staff.

Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments relating to the health, safety and welfare of people were not reviewed regularly.

Staffing numbers were sufficient to meet people's needs.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not being upheld in line with the Mental Capacity Act 2005.

Staff members did not receive regular training and supervision to enable them to carry out their duties.

People's nutrition and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

There was a friendly atmosphere in the service.

People spoke positively about the staff.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement ●

The service was not responsive to people's needs.

Care plans were not consistently written in conjunction with people or their representative.

People were supported to maintain good health and had access to external health care professionals when required.

The provider had systems in place to receive and monitor any complaints that were made.

Is the service well-led?

The service was not always well-led.

There were ineffective systems in place to assess, monitor and improve the quality and safety of the service.

Staff in the main felt sufficiently supported by the registered manager and thought they were approachable.

Requires Improvement 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 25 May and was unannounced. The last inspection of this service was in February 2014 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

At the inspection we spoke with four members of staff, one visitor and the registered manager. In order to enhance our understanding of people's experience of living in the service we observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

Risk assessments relating to the health, safety and welfare of people were not reviewed regularly. A number had not been reviewed for over a year. The Head of Service conducted a care plan audit in November 2015 which also identified that risk assessment documents were in need of a review and required up-dating. An example of this included one person's night time needs risk assessment which had not been reviewed since March 2014. Examples of risk assessments for the person's specific needs included areas such as behavioural and emotional, moving and handling requirements and night time needs. There was no evidence that there had been close liaison with the person or their representative when carrying out risk assessments. This is essential to achieve outcomes that matter to them. By not conducting regular risk assessments meant that there was potentially a risk that a person's specific needs were not being met.

Risk assessments were not effectively managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents and accident forms were completed and reviewed. These were completed by staff with the aim of reducing the risk of incidents or accidents happening. The records showed a description of the incident, the location of the incident and the action taken. The Head of Service advised the service in their report dated May 2016 that they were reporting incidents more frequently. However, concerns were expressed that only 50% of reports were uploaded within one week of the provider's recommended key performance indicator and four reports had taken over 13 weeks to report. This resulted in a delay in the most up-to-date information reaching the Head of Service for analysis to establish whether there are emerging themes. From the incident reports the Head of Service analysis was able to identify that one person had a significant number of incidents during the past year. Owing to the person's increased anxieties and to ensure their safety the registered manager and their team were instructed to review the person's risk assessments, method of approach and health action plans to reflect their current increased anxieties. Owing to the report being recently being sent to the service the registered manager had yet to complete this action.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. We viewed the staff rotas from the 2 May to 22 May 2016 and they demonstrated that the staffing levels were maintained in accordance with the dependency levels of the people living at the service. We observed that there were staff available to help people when needed, such as meal times, taking people out and when medication was required. In the event additional staff were required due to holiday or sickness, additional hours would be covered by existing staff or agency staff. To ensure continuity of care, where agency staff were used the service tried to book the same people. Staff we spoke with provided mixed comments on the level of staffing. Comments included; "It's a bit difficult at the moment, we use a lot of agency staff"; "Staffing levels aren't great at the moment"; and "We've not had a full staff team so it's been a bit difficult and this has affected staff morale."

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact

numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. Members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately. People were receiving their medicines in line with their prescriptions. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately. When checking the stock balances of medicines we did note that there were 10 less paracetamol tablets than the actual amount recorded in their records. During the inspection we requested a copy of the internal and external medicines audits. Although we were told these audits were undertaken we were not provided with the requested documentation. Conducting regular audits would identify any potential concerns which required action.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Consideration was also given regarding how people would prefer to take their medicines. One person had a fear of needles and did not like to chew tablets. Where possible the service provided medicines in liquid form or dispersible tablets.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Staff were allocated cleaning tasks and these were recorded on the daily shift planner notes. A part-time domestic assistant was employed during the week.

Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is a bespoke 'escape plan' for people who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.

Is the service effective?

Our findings

People's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves. In some people's support plans we did not see information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for where needed. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Applications had been processed appropriately for two people. We were told other applications had been made. When requesting supporting evidence of the applications or an audit trail of the progress of the application this information had not been provided. The registered manager was unable to advise us of the current status of the applications made. There was no evidence to indicate they been chased up with the relevant local authority. This meant that people were being inappropriately deprived of their liberty.

Care plans did not include mental capacity assessments. Where a person lacked the mental capacity to make specific decisions about their care and treatment, and no lawful representative had been appointed, their best interests were not established and acted upon in accordance with the Mental Capacity Act 2005. This includes the duty to consult with others such as health professionals, carers, families, and/or advocates where appropriate. We did note one exception where the appropriate process was followed. This included the consideration of whether it would be in the best interests of the person to go ahead with an operation. When annual reviews were being held to discuss such issues as health, medication, personal care and daily living skills the person or their representative did not in all cases attend. The assessment forms did not include the signature of the person or any other interested party to signify they had provided consent to the level of care provided.

The majority of staff we spoke with understood the importance of promoting choice and empowerment to people when supporting them. One staff member did not know whether they had received the training and demonstrated a basic understanding of the MCA and DoLS. The training matrix highlighted that not all staff had completed Mental Capacity Act 2005 (MCA) and DoLS training. The service had not consistently enabled people to make their own decisions and assist the decision making process where they could.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members did not receive regular training and supervision to enable them to carry out their duties. Some staff we spoke told us they had not received regular supervisions. This position was reflected in the staff records. One member of staff told us that supervisions are "irregular". Another member of staff told us they had supervision about three months ago. The lack of regular supervision meant that staff did not receive effective support on an on-going basis and training needs may not have been acted upon. The provider failed to adhere to its supervision policy which stated that; 'All employees must have regular 1-1 meetings with their line manager. We advise that these should be every four weeks, but they can range from every two to eight weeks.'

New staff undertook a period of induction and the provider's mandatory training before starting to care for people. They also shadowed more experienced staff. Their induction training programme followed the Care Certificate guidelines. The Care Certificate is the minimum standards that should be covered as part of induction training of new care workers. The training records demonstrated that staff mandatory training was out-of-date and required updating. The training matrix also indicated that new staff members had not received training on modules such as health and safety, first aid and infection control. We were told by the registered manager that the staff members were waiting for available courses.

This was in breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

People's nutrition and hydration needs were met. People were provided with food that respected their choices and preferences. Specific dietary requirements were catered for, such as diabetes. One person had recently been diagnosed with diabetes. Staff encouraged them to eat a healthy diet and we observed the person having fruit with their lunch, instead of a sweet pudding.

Is the service caring?

Our findings

We observed that people were treated with kindness and compassion by the staff. There was a friendly atmosphere in the service. People spoke positively about the staff. People's comments included; "I think it's very good. If [person's name] is happy, I'm happy. When it's her birthday they have balloons and a birthday tea. [Person's name] likes facials and having her hair and nails done. She likes going to the café and staff go with her. She doesn't go out on her own." One person communicated by writing their views on a piece of paper. They told me they were happy and about their visits to the workshop where they liked to draw and take part in pottery.

We observed many positive interactions during the day. People and staff had their breakfast together. Where one person appeared withdrawn staff engaged with them asking them about their welfare and if they wanted to help to bake a cake. People were offered choices regarding food and activities. People's paintings were on the wall and each person had their own picture book demonstrating the activities they like to engage in. Staff members enabled people to engage in the activities of their choice. If people chose not to engage in activities and stay in their room their decision was respected. In accordance with the care plan guidelines when one person became distressed they were assisted to their room. Staff provided reassurance to the person and they returned to the dining room calm and smiling. One person told me about their birthday and going on the train to Bath. They were smiling and having a laugh with staff members. There was a family friendly environment where people helped each other and helped staff with their lunch and cleared up. Staff did not rush people. One person ate their food slowly. They were left alone and checked on at regular periods to ensure they were ok. One member of staff commented; "We keep people safe. There is a community feel here."

From the observed interactions it was evident that staff members demonstrated an understanding of people's needs. When we spoke with members of staff about the people they cared for they expressed genuine warmth. They were able to describe individual preferences regarding their routines and activities. People were supported to be independent as far as possible. Where appropriate people went out on their own.

People's privacy and dignity was respected. There were flashing doorbell entry system to people's bedrooms. This signalled to people that a member of staff would like to enter and they decided whether or not to allow the staff member into their room. Staff described people's personal care routines and how they ensured the person's privacy was respected. They offered assistance when asked and where required. Staff members told us of the importance of encouraging people to be independent. We observed people engaging in household tasks such as the laundry and food preparation. Staff comments included; "It's down to personal choice. People do not do what they do not want to do. Staff teams adapt well and are flexible" and "One service user is very independent. Every time he wants support he presses the alert button. I ask him step-by-step what support he requires. I will ask him how he wants things done. It varies from day-to-day. Ultimately, it's his decision."

The environment was homely and the service included people in decisions regarding décor. One visitor told

us; "She's got a lovely room and chose their wallpaper." One person had their room decorated with their favourite football team's colours.

Is the service responsive?

Our findings

Care plans were not consistently written in conjunction with people or their representative. People had not signed their care plans to indicate their agreement. People's care plans were in the main reviewed formally annually. However, one care plan was last reviewed in January 2015. There was inconsistent evidence of the person's or family involvement with regards to the reviews. This meant that care plans potentially did not reflect people's individualised needs. Care plan and risk assessment reviews were staff-led. The provider did not make a reasonable effort to provide opportunities to involve people in making decisions about their care and treatment, and support them to do this.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities).

People attended an educational day service. The external service reviewed the person's activities, aims and objectives annually. They sought the person's views on the service provided and future goals. People were actively encouraged and supported to be involved in making decisions about their educational programme. This meant their activities programme reflected the ways in which people wanted to be supported. Involving people also informed the service of the activities and stimulation individuals preferred and felt they received most benefit from. The activities that people engaged in were wide-ranging and specific to the individual. They included horse-riding, swimming, cooking, ceramics, shopping, art and music.

Although in most cases care plan reviews were staff-led the records were detailed and described how people were supported. Specific personal care needs and preferred routines were identified. Each person's care plan included personal profiles which included what was important to the person and how best to support them. We observed staff responding to people's needs and they followed the guidance provided in the care plan. This included following clear communication guidelines. One person's care plan advised staff that if they were unclear of what the person was saying they would need to clarify with the person what they were talking about before responding using British Sign Language (BSL), or encourage them to use a pen and paper to get them to write down what they were saying. We observed that this method was adopted by staff members and this re-assured the person. It was also identified that the person wanted support with having access to arts material and this was enabled by the service.

One person expressed challenging behaviour. There were behaviour plans in place which identified potential triggers and control measures that staff should use if an incident occurred. This included finding a quiet and safe area until the person calmed down and staff to stay close by to ensure the person's safety. Behaviour reports were completed. The reports acted as an observational tool that enables the service to record information about a particular behaviour. The aim of using a behaviour report is to better understand what the behaviour is communicating and incorporate strategies on how best to deal with challenging behaviour. There was evidence that strategies had been implemented, monitored and reviewed to ensure that staff adopted the most appropriate de-escalation techniques. We observed staff following the instructions in the person's care plan. The technique adopted resulting in the behaviour being effectively managed and responsive to the person's needs at that time.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. There was a health action plan in place for each person that recorded their health needs and any guidance or appointments relating to healthcare professionals. We saw people had received input from their GP, psychologists and physiotherapist's.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Staff enabled and encouraged this contact. One visitor told us; "I visit every four to five weeks. They bring [person's name] home from time to time. I'm advised of notable events."

The provider had systems in place to receive and monitor any complaints that were made. The service had not received any formal complaints in the last twelve months.

Is the service well-led?

Our findings

There were ineffective systems in place to assess, monitor and improve the quality and safety of the service. People and their representatives were not encouraged by the provider to provide feedback on their experience of the service. Regular care plan and best interest meetings were not consistently held with people and their representatives to provide feedback on their experience of the service. Regular keyworker sessions and house meetings were not held with people. These meetings would provide an opportunity for people and their representatives to discuss issues that were important to them and inform the provider where improvement maybe required. Questionnaires and surveys to establish people's views on the service had not been issued in 2015.

The Head of Service conducted regular compliance audits. They reviewed areas of the service such as; care plans, health and safety, incident and accident reporting, fire safety and risk assessments. The audits identified areas where improvements were required. The audits identified similar concerns identified during our inspection. These included; out-of-date risk assessments; out-of-date key worker reviews; and individual goals not being recorded or how this reflected the person's choice and control. Despite these issues being raised from November 2015 the registered manager has failed to implement the necessary actions within a reasonable timescale.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we requested a number of documents and allowed additional time for them to be submitted. Although additional time was allowed we were not sent information relating to infection control and medicines audits.

Staff meetings and supervision were held but they were not held regularly. Staff in the main felt sufficiently supported by the registered manager and thought they were approachable. We observed staff and people going to see the registered manager in their office throughout the day. They were seeking advice and communicating what they doing for the day or making requests. There was a relaxed and friendly atmosphere throughout the service and this was enabled by the registered manager by their open approach. The registered manager and staff members told us the service would benefit from having a full staff complement and not use agency staff. As a consequence the service is actively trying to recruit more staff.

There was a shift planner in place which meant staff knew who was responsible for particular tasks each day. Communication books were in place for the staff team as well as one for each of the individuals they supported. We saw that staff detailed the necessary information such as the tasks and undertaken and areas of the service that need to be taken forward in the following shift. This meant that staff had all the relevant up-to-date information at staff handover. Staff were required to read the communications book for the service and the individuals.

Systems to reduce the risk of harm were in operation and regular maintenance audits were completed.

Where maintenance issues were identified they were actioned as required. Fire alarm, water checks and equipment tests were also completed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not make a reasonable effort to provide opportunities to involve people in making decisions about their care and treatment, and support them to do this.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments relating to the health, safety and welfare of people were not reviewed regularly.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems in place to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff members did not receive regular training and supervision to enable them to carry out their duties.