

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Barron Winnicott Home

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

About the service:

Barron Winnicott Home is a residential care home. It was providing accommodation and personal care to eight people who are Deaf or Deafblind and who have additional complex needs at the time of the inspection.

People's experience of using this service:

- There were enough staff to meet people's needs, although regular agency staff were used. The provider was actively recruiting to vacant posts, but everyone we spoke to during our inspection expressed concerns about staff changes and vacancies. People's care needs continued to be met and staff provided individualised support.
- Staff felt supported by the management team, and received training, induction and supervision so that they could effectively perform their roles.
- People's care records were personalised and identified what was important to them, although some sections were incomplete or had not been updated recently. The registered manager planned to address this.
- The environment was designed and adapted to meet people's sensory needs. The registered manager had submitted a bid for funding to redecorate some areas. This would refresh the overall feel of the service.
- Risks to people and staff had been assessed and effective measures were in place to manage risks.
- Staff carried out checks and audits regularly at the service. Actions had been identified and were being addressed to improve the service and provide high quality care
- People were supported by staff who were kind and respectful. Staff knew people well, and knew how to communicate with individuals. People were happy living at the service, and they told us that staff were kind and caring.
- People were protected from the risk of harm. Policies, procedures and checks were in place to protect people and staff.
- Staff supported people individually to ensure their medicines were administered as prescribed and managed safely.
- People enjoyed a wide range of activities. Activities were meaningful and chosen by individuals.

Rating at last inspection:

Good (report published 13 October 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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 was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one 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's area of expertise was working with people who have learning disabilities and physical and sensory impairments. The inspection team was supported by a registered sign language interpreter. This was because people living at the service and some staff communicated using different types of sign language.

Service and service type:

Barron Winnicott Home is a 'care home' (without nursing). People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had 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 improvements they plan to make.

We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. We used all this information to plan our inspection.

During the inspection, we looked at the care records of four people who use the service and some medication records. We reviewed all the staff files, and examined four in detail.

We looked at records related to the management of the service. These included checks and audits, training records, meeting minutes and health and safety documents. We reviewed policies and procedures including safeguarding, whistleblowing, complaints, mental capacity, recruitment and medicines. We considered this information to help us to make a judgement about the service.

During the inspection we spoke with eight people who lived at the service. The British Sign Language (BSL) interpreter supported us to communicate with people. We spoke with five members of staff, as well as the registered manager and deputy manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training, and knew how to keep people safe from abuse or harm.
- Staff were clear that they would always raise any concerns they had. They told us what they would do to ensure people were always safeguarded from harm.
- All staff could enter safeguarding concerns or incidents on the provider's online system. Incidents had been reported by different staff, and appropriate actions taken.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place and gave guidance to staff about supporting people safely. Risk assessments related to areas such as health and medication, communication, daily living and cultural and social issues.
- The environment and equipment were assessed to minimise risks, and regular checks were in place. Risks assessed included medicines, community visits, cleaning tasks and health and safety.
- There had been a recent evacuation during a fire alarm. A number of lessons were learned and changes had been made to practice to support people more effectively in emergency situations.
- Fire systems and equipment were regularly checked. People had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency.

Staffing and recruitment

- There were a number of vacancies at the service, but the provider was actively recruiting to these posts.
- People and staff all expressed concerns about staff changes and vacancies.
- Agency staff were used, and had usually worked at the service before. This ensured there were enough staff to meet people's needs. However, one person noted, "So many different people come now – it happens a lot." A staff member added, "The agency staff are competent but how can they know the residents?"
- The provider recruited staff safely. All required checks were completed before staff started in post. The staff files we saw contained all the necessary checks to ensure staff were suitable to work with people.

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- People at the service administered their own medicines with the support of staff as required. Staff had made changes to practice to maximise people's independence. For example, reducing the amount of medicines stored in people's individual cupboards, and creating easy to read medicine administration records.
- People's medication records confirmed they received their medicines as required.
- Staff had been trained in medicines administration, and competence was regularly checked by senior staff.

- Medicines audits were carried out to monitor safety and ensure risks were managed.

Preventing and controlling infection

- The service was clean and odour free.
- Staff had received infection control training and followed safe practices in hand washing and using protective equipment, such as gloves and aprons.
- There were regular checks to ensure infection control risks were minimised in higher risk areas such as kitchens, bathrooms and the laundry.

Learning lessons when things go wrong

- Accidents and incidents were recorded and actions had been taken where necessary.
- The registered manager reviewed all incident reports. They identified any changes to practice or learning required in the service.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to the service to ensure their needs could be met.
- People's care and support needs were continually reviewed and changes made where needed.

Staff support: induction, training, skills and experience

- New staff received a detailed induction and local orientation when they started in post. One member of staff said, "The first month seemed like just training. I wanted to start working, but I was learning all the time."
- All staff received regular, ongoing training. This was confirmed by the training records we reviewed. Staff told us training was useful and helped them in their roles.
- All staff had received a recent appraisal and regular supervision. Staff told us they felt well supported.
- One staff member said, "I really like and enjoy my job. I feel supported especially at the beginning when I first came here, I got lots of support from everyone." Another staff member told us, "I'm supported by the management here, but from the higher management, not so much."

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

- People had a choice of food and drinks which met their needs and preferences. One person told us, "If I'm hungry or thirsty staff will help me, there's food in the packets."
- People prepared their own breakfast and midday meals with assistance, and a main meal was cooked by staff and people in the evening. A staff member said, "[Name] cooks [their] own lunches, curries, spices and chilli – it smells so nice!"
- We observed people preparing a midday meal, and a staff member told us, "We try to empower them, I could easily make that sandwich and do it quicker, but it's so good for self-worth."
- One person told us, "I'm a Muslim – all the family fasting. I don't eat meat, I eat Halal food and I eat fruit." We observed that separate storage was available for Halal food.
- People's weight was monitored for any changes, although some records had not been completed recently. We highlighted this to the registered manager, who planned to restart regular weight monitoring.

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 routine and specialist healthcare services. Records contained the details of people's appointments and any actions or future plans.
- Interpreters supported people at appointments when this was appropriate.
- Each person had a hospital passport which provided detailed information about their needs and

preferences.

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

- The environment was designed and adapted, in particular to meet people's sensory needs. This included the use of bright colours, vibrating sensors and flashing lights.
- People's bedrooms were decorated to reflect their preferences and interests, and there were photographs of people around the service. This gave a more homely feel.
- The registered manager had submitted a bid for funding to redecorate and refurbish areas of the service.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had made appropriate DoLS applications and followed these up with local authorities.
- Where people lacked capacity to make a particular decision, mental capacity assessments and best interest decisions were recorded.
- Staff had received training in MCA and DoLS. They put the training into practice by giving people choice and asking for their consent when offering support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring and who treated them with compassion and respect.
- Staff were able to communicate with people using a range of gestures, signs, and written methods, according to individual needs.
- Staff knew people well and there was a warm and friendly atmosphere.
- People told us, "The staff are kind to me. My favourite is [Name], and I am happy here." Another person said, "The staff work well, they are kind. Some rush, some different ones are a bit rushy."
- A visitor to the service described care staff as, "Exceptionally kind and caring, taking time where needed and being entirely supportive with genuine care."
- Comments from staff included, "I love this job, I'm so attached to these people," and, "[Staff] here put all their heart into what they do."
- One person was excited to tell us about plans for their birthday which included a party, a cake, a hairdresser visit and a trip to a restaurant.
- During our inspection, a person asked a staff member to wash her hair. When the carer agreed, the person was very happy and excited. The staff member told us, "It's her favourite thing."
- People's protected characteristics under the Equalities Act 2010 were identified and respected in an individual way. This included people's needs in relation to religion, gender, culture and disability. A staff member told us, "We give people 100% person-centred care."

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

- People were encouraged to express their views in regular individual meetings with their keyworker.
- People could make decisions about aspects of their care. Some people made decisions about day to day matters, and others could make choices about more complex issues. Staff supported and respected people's decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy and dignity, for example when supporting with personal care.
- People were supported to maintain their independence. Care plans focussed on what people could do for themselves and how staff could best support them.
- People were given choice in their daily lives, such as how to spend time. A staff member said, "If people wake up one morning and they just don't want to do [an activity], they don't have to."
- People were supported to maintain relationships with friends and relatives. One person was pleased to be able to visit their friend, and another told us about trips to visit their family.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which were personalised and identified what was important to them, including their likes and preferences. This gave staff information about how people wanted to be supported, and guidance about what people's behaviour may mean in different situations.
- Some forms within care records had not been completed. For example, the 'milestones map' and 'staff matching' forms. It was noted that this information could be found elsewhere in the record.
- We highlighted to the registered manager that one care plan had not been updated recently. Care records were being reviewed, and the registered manager planned to review this file after the inspection.
- Care records described how to meet people's individual communication needs. Most people had a communication passport which provided detailed information about the different methods, signs and gestures they used.
- Staff told us they were kept up to date with changes to people's needs and the support they required. Regular handovers and effective communication systems supported this.
- People enjoyed a wide range of activities which met their individual needs. For example, shopping, drama group, attending workshops, music sessions, horse riding, swimming and watching films. One person told us, "I like it here, I like the activities. I like word search and colouring."
- The service displayed clear information about the Accessible Information Standard, and used its principles so that people received information that was meaningful to them. The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand.

Improving care quality in response to complaints or concerns

- The service had received four complaints in the past 12 months. These had all been raised by people who use the service, and had arisen following disagreements or conflict with other people.
- All complaints raised were investigated and responded to, and systems and policies encouraged consistency when dealing with complaints.
- Staff told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

- End of life plans were in place in care records, but these were not usually completed. This was discussed with the registered manager who explained that staff were beginning to discuss end of life preferences with people and their families at planned care reviews.
- No-one at the service was receiving end of life care at the time of our inspection.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their responsibilities and had informed families, the Care Quality Commission and other agencies about events that had occurred within the service when necessary.
- The provider had a vision, and aims and objectives which focused on 'people, passion and participation.' The aims of the provider were reflected in the practice of staff. Staff told us, "Everyone is doing their best to support people," and, "I love being able to support people in their lives."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager were visible and supportive to staff during our inspection.
- People and staff were positive about the management team. Staff told us that service managers had recently worked shifts to provide consistent cover whilst there were staff vacancies. One staff member said, "[Names] are approachable, they are people we can talk to, and I feel safe and comfortable to talk to them."
- Effective quality assurance systems were in place to monitor and review quality and performance and ensure risks were well managed. This included internal and external checks and audits of the location, medicines, training and health and safety.
- The provider displayed their CQC rating at the service and on their website.

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

- People and relatives were involved in discussions about the service and their care on an individual basis.
- Staff meetings took place regularly. Minutes showed that subjects such as people's needs, staffing, training and safety had recently been discussed.
- The provider sent regular surveys to relatives for feedback, although these were not specific to Barron Winnicott Home, and so information was limited.
- People were encouraged and supported to be active members of the local community, and regularly accessed a range of resources and services.

Continuous learning and improving care

- Learning and the improvement of standards was encouraged in staff meetings and supervision. Staff were encouraged to reflect and discuss issues. One staff member told us that staff meetings were held regularly, adding, "We can voice our concerns at the meetings."

- During the inspection, the registered manager was open and positive about feedback to develop and improve the service. An action plan was in place, and the manager prioritised to ensure people received high quality care.

Working in partnership with others

- Staff worked in partnership with other professionals and the local community. Some people regularly used facilities in the community and the services of other organisations.
- Specialists provided support and guidance to ensure people received effective care, and to promote best practice.