DEAFinitely Independent

Beech Lodge DEAF-initely Independent

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

Overall summary

We inspected this service on 16 and 18 February 2015. The inspection was unannounced. At our previous inspection in January 2014, the service was meeting the legal requirements.

There was a registered manager in post at the service. 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.

At the time of our inspection, Mr Timothy Wood was no longer the manager at this home, and an application for him to deregister was in progress. The person Marie Mason was no longer the responsible individual and an application to remove their name was in progress.

The service is delivered from two adjacent houses, Beech Lodge and Chestnut Lodge. It provides accommodation and personal care for up to 19 deaf younger adults, who

Summary of findings

may have learning disabilities or autistic spectrum disorder, a physical disability or a sensory impairment. Sixteen people were living at the home on the day of our inspection.

People who lived at the home told us they felt safe at the home and with the staff. People were safe because the manager and staff understood their responsibilities to protect people from harm. Staff were trained in safeguarding and risk assessment and knew how to maintain a balance between encouraging people's independence and keeping them safe.

Care plans included risk assessments for people's health and welfare and described the actions staff needed to take to minimise the identified risks. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff until they knew people well.

There were enough staff on duty to meet people's physical and social needs. The manager checked staff's suitability to deliver personal care and to support people to live independent lives during the recruitment process.

The manager checked that the premises and equipment were well maintained and serviced to minimise risks to people's safety. People's medicines were managed, stored and administered safely.

Staff received training and support to enable them to meet people's needs effectively. Staff had opportunities to reflect on their practice and consider their personal career development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. Records showed that people, their families and other health professionals were involved in making decisions in people's best interests.

People chose what they would like to eat and staff supported them to cook their preferred meals, according to their individual abilities in the kitchen. Staff referred people to other health professionals for advice and support when their health needs changed and supported people to follow the health professionals' advice.

A relative told us they could visit at any time and always felt welcome. We saw staff understood people and treated them with kindness and compassion. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

People decided how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and to encourage their independence. People knew their complaints would be listened to and action taken to resolve any issues.

People who lived at the home were supported and encouraged to share their opinions about the quality of the service with a person they knew well. The staff, manager and trustees shared a common vision and values, including the aims and objectives of the service. People were supported and encouraged to live as independently as possible.

The provider's quality monitoring system included regular checks of people's care plans and staff's practice. When issues were identified the provider took action to improve the quality of the service people received.

Summary of findings

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 safe.

Good 

Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and there were enough staff to meet people's needs. The manager checked that staff were suitable to work with people who lived at the home. The manager minimised risks to people's safety in relation to the premises, equipment and medicines.

Is the service effective?
The service was effective.

Good 

Staff had training and skills that matched people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People chose their own meals and staff supported them to maintain their health.

Is the service caring?
The service was caring.

Good 

Staff knew people well and understood their likes, dislikes and preferences for how they liked to be supported. Staff were kind to people and respected their privacy and dignity while encouraging them to maintain their independence.

Is the service responsive?
The service was responsive.

Good 

People decided how they were cared for and supported and staff understood their preferences, likes and dislikes. Staff supported and encouraged people to maintain their interests and friendships. People were confident staff would resolve their complaints.

Is the service well-led?
The service was well led.

Good 

People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Care staff felt supported by the manager, which encouraged and motivated them to provide a good quality service.

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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 16 and 18 February and was unannounced. The inspection was undertaken by one inspector, supported by a British Sign Language (BSL) interpreter and a BSL student.

The provider had not received our request for a Provider Information Return (PIR), because their email address was not up to date. The PIR 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. However, the provider supplied the information we needed during our inspection.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We asked a BSL interpreter to work with us at the home, because everyone who lived there used BSL to communicate between themselves and with staff. We spoke with five people who lived at the home. On the day of our inspection, four people were away visiting their families and two people were at work.

We spoke with the manager, the administrator, a relative, who was also a trustee and three support workers. We observed how people were supported to maintain their independence and preferred lifestyle.

We reviewed three people's care plans and daily records to see how their support was planned and delivered. We reviewed three staff files to check that staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the staff and manager made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

The people we spoke with through our interpreter told us they felt safe at the home. We saw that people approached staff confidently and were relaxed with them, which showed us they trusted the staff. A trustee told us, "People have to feel safe and secure." We found there were policies and procedures in place to keep people safe.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. All staff attended safeguarding training. A support worker told us, "I know what to do if I am concerned. I would tell a senior." The support worker told us the safeguarding policy was effective because additional measures had been put in place for one person when they had raised a concern. Staff told us the whistleblowing policy was clearly explained to them. They told us, "I could challenge poor practice. I would tell a senior. I have faith they would follow up any problems."

Some people managed their money independently and some people were supported by staff. One person we spoke with told us they were happy because, "My money is safe in the office." We saw two people ask staff to write down how much money they took out shopping and how much they had left in their account. We saw people brought their shopping receipts back to the office to help them remember what they spent money on. People and staff both signed the accounts for each transaction, to ensure there were no errors. The processes in place ensured monies held at the service were managed safely.

A support worker told us they had training in risk assessment and knew how to plan care, days out and trips away according to each person's needs. In the three care plans we looked at, we saw support workers assessed risks to people's health and wellbeing for different environments and occasions. Where risks were identified, their care plans described the actions to be taken to minimise the identified risks. Staff we spoke with were knowledgeable about each person's risks and needs for support, which varied according to their interests and preferred routines. The risk assessments and action plans ensured that people were encouraged to maintain as much independence as they wanted.

Two people we spoke with told us there were enough staff to support them when they went into hospital and when they went on holidays. We saw there were enough staff to support people according to their needs and preferences. For example, there were enough staff to drive two people to work, to support another person with their laundry and to spend time chatting with people in the communal areas about subjects that interested them.

One person we spoke with told us they had a keyworker and a co-worker, so there was always a member of staff around who knew them well. There was an agreed procedure to cover unplanned staff absences to make sure people were always supported by staff they knew. The manager told us they only used agency staff if none of the support workers or support team were available to work additional hours.

One person we spoke with told us, "Staff are nice", which we understood to mean that staff were good at building relationships with people. Records we looked at showed that staff were recruited safely, which minimised risks to people's safety and welfare. The manager checked that staff were suitable to support people and enable their independence before they started working at the home. In the three staff files we looked at, we saw the manager checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The provider had taken measures to minimise the impact of unexpected events. We saw fire risk assessments with action plans for each house. The action plans were signed and dated when the action was completed. Fire safety equipment was regularly tested and a practice fire drill had recently been undertaken for each house. The manager had analysed the outcome of the practice fire drill and had identified additional actions that could be taken to minimise risks. The manager told us they were updating people's personal emergency evacuation plans to ensure everyone's individual needs for support in an emergency were detailed.

The provider had conducted risk assessments of the premises and equipment and had identified actions required to minimise risks, such as, contracts for regular safety checks and planned maintenance. Records we saw showed that the contractor undertook regular checks of the water, gas and electricity and identified when action was needed to minimise risk.

Good

Is the service safe?

One person who lived at the home told us, “The dryer stopped working and my washing didn’t dry. They had to get two new ones.” Staff we spoke with told us that the premises and equipment were repaired or replaced promptly when they reported problems. One support worker said, “I report any maintenance issues to [Name]. It is normally sorted out very quickly.” During our inspection, we saw workmen at the home, servicing the home’s car and checking the boiler. This demonstrated that the manager understood and followed the provider’s policy and procedures for minimising risks related to equipment.

There was an effective system in place to ensure people received the medicines they needed safely. Two support workers showed us how they managed medicines in each house. We saw medicines were kept safely in locked cabinets. Staff kept a record of how much medicine was in stock to make sure medicines were available when people needed them.

Support workers we spoke with told us they had training for administering medicines. One support worker told us, “No-one declines their medicines. Three people self-administer medicines and the others come to the office, where the medicines are kept and sign [say], “Tablets please.” The support worker told us, “We get to know the signs for people who do not tell us. If [Name] does [personal behaviour], it may be because he is in pain. I sign to ask if he wants pain relief and he signs ‘yes’ or ‘later’, which is then recorded”.

The medicines administration records (MAR) we looked at were signed and up to date, which showed people’s medicines were administered in accordance with their prescriptions. Records showed that the pharmacist checked that medicines were stored, administered and disposed of safely, in accordance with the regulations. The manager told us they planned to implement regular in-house checks of medicines, which enabled staff to demonstrate their understanding of best practice in managing medicines.

Good

Is the service effective?

Our findings

The people we spoke with through our interpreter told us staff supported them in the way they needed. One person told us, "I go shopping with staff" and another person said, "[Name] helps me with clothes."

We found that new staff had an induction programme and six month probationary period. One support worker told us, "Induction includes reading care plans, learning basic signs, fire safety, people's routines and risk assessments." Another support worker told us, "I read the files, talked to families and talked to staff about what people like and need." All staff received training in British Sign Language (BSL).

A trustee told us, "You need experienced staff, longevity. Staff need to get to know people. As long as they [staff] have the right attitudes and behaviours they can learn BSL at college." All the staff we saw communicated with people using BSL. Records showed that staff also received training in first aid, food hygiene, and challenging behaviour, because the training was relevant to people's needs. This meant people received care from staff who had the skills and knowledge to meet their needs effectively.

Staff told us they felt supported by the manager and other staff because they had opportunities to talk about their practice and personal development. A support worker told us, "All the staff are approachable. We get on well." The manager told us they had held a one-to-one supervision session with each member of staff to get to know them and senior staff would supervise support workers in future. A support worker told us, "I am supervised by [Name] and we will meet every six weeks. I had an appraisal and talked about career development. I can go to college for courses and there are opportunities to become a senior."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Care staff we spoke with understood the requirements of the MCA. All the staff we spoke with told us that the home was run specifically to enable people to lead independent lives so people always made their own decisions for their everyday living.

People we spoke with told us they made their own decisions and staff respected the decisions they made. One person told us, "I decide when I want to get up. I have a shower and staff help. I choose my clothes."

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act if a person was not able to make a decision. For complex decisions, that involved a lot of information to consider, the manager had obtained the services of an advocate or arranged best interest meetings. We saw a best interest meeting had been held for one person for a health decision. The meeting included a consultant, a nurse and two keyworkers because they all represented separate aspects of the person's health and wellbeing. A support worker told us an advocate had supported one person to understand the potential risks and benefits before they made a decision that would affect their living arrangements. An advocate is an independent person, who is appointed to support a person to make and communicate their decisions.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. No one was deprived of their liberty or was under a DoLS at the time of our inspection.

People we spoke with told us they liked the food and they chose what they would eat. We saw people made their own decisions about their meals and were supported by staff according to their needs and abilities. There was a weekly menu in the hallway where everyone could see it. We saw one person took the menu plan out of the kitchen while they considered the options and brought it back, marked with their choice. The manager told us they planned to create picture menus so more people would be able to make their choices independently, without the need of support from staff.

One person told us, "Staff help me with my evening meal." We saw that when staff prepared and served evening meals for everyone who lived in the house, they followed best practice for food hygiene. For example, staff checked and recorded the temperatures of the fridge, freezer and cooked meals, to confirm that food was stored, prepared and served safely.

One person told us, "My favourite is jacket potatoes with cheese. I make my own lunch." In the three care plans we looked at, we saw staff had identified people's individual

Good

Is the service effective?

needs, abilities and food preferences for maintaining a balanced and nutritious diet. We saw a cookbook in the kitchen with illustrated instructions, for people who liked to cook independently. One person who was able to make all their own decisions about their diet had their own named fridge in the kitchen, to make sure their food was not eaten by other people.

Support workers we spoke with were knowledgeable about people's individual needs, which minimised risks to people's health. A support worker told us, "Everyone has an annual health check and some people have a more frequent health check, depending on their medical needs." We saw staff recorded people's appointments with other health professionals, such as doctors, chiropodists, and dentists. Staff recorded the health professionals' advice, and shared information at handover to make sure all the staff were aware of any changes in people's needs. The care plans we looked at included people's medical history, current diagnoses and treatment plans.

One person told us staff supported them when they visited other health professionals. They told us, "I talked with [Named support worker]. Then I met the [other health professionals] and had a chat. I understood what they talked about." A support worker told us, "I am a keyworker for [Name and Name]. I co-ordinate their hospital appointments. We support and interpret for [Name] in hospital." In the person's care plan folder we saw there were pictures that explained the person's health needs and their treatment options in a format that was relevant to the person's ability to understand complex information.

Good

Is the service caring?

Our findings

All the people we spoke with through our interpreter told us they were happy living at the home. People said, “I like it here. They [staff] are helpful” and “I have friends here.” A trustee we spoke with told us, “We aim to make it feel like home from home for all of them.”

During our inspection, we saw staff were kind and spoke affectionately to people. One person who lived at the home hugged a member of staff when they saw them, which showed they understood that staff cared about them. We saw people did not hesitate to ask for support when they wanted it, which showed they were confident that staff would respond immediately and appropriately.

The staff we spoke with knew people well. Staff knew people’s abilities, support needs, habits, preferred routines and social preferences. A support worker told us, “We sit with people, chat about their day, watch television together, plan their days out and celebrate birthdays.” We saw staff were interested in how people were and what they wanted to say. Another support worker told us, “I like to spend time with people. It’s such a lovely place to work.”

Everyone we spoke with was satisfied that they lived the life they wanted and staff supported them to do that. People told us they made their own decisions about what time they got up, what they did every day and whether they needed staff support or not for specific aspects of their life. One person told us, “I do my own washing up” and “Staff help me with washing.” Another person showed us a sign they had made to put by the washing machine so staff would know it was their laundry, because staff knew they liked to manage their own laundry independently.

People told us staff supported them to be independent at home and in the community. Each house had a board with the names and photos of people who lived at the home and all the staff, which showed whether they were at home or out. We saw people used the board to find out for themselves who was at home. One person told us they used photos to explain their preferences to people outside the home who did not understand sign language, so staff did not have to explain for them.

We saw staff understood the importance of treating people with dignity and respect. Staff offered people support with everyday tasks according to their abilities and ensured that people had the time and space they needed to accomplish everyday tasks independently. People’s personal rooms were fitted with flashing lights, to let them know when staff knocked at their door. A support worker told us, “Dignity and respect training is part of our course. It is about shutting doors. Our six o’clock routine includes going around the house shutting curtains and blinds to make sure no-one undresses in front of an uncovered window.”

People told us they had visitors at the home. One person told us, “My [Named relative] visits me.” A relative told us, “I am very welcome to come when I like. Visitors are always made welcome. When I drop in there is a lovely relaxed atmosphere.” We saw that people who lived in both houses were confident and comfortable to spend time in either house. One person who lived in Beech Lodge introduced us to their friend from Chestnut Lodge, next door, because they were spending time together over coffee.

Good

Is the service responsive?

Our findings

All the people we spoke with through our interpreter were clear that they were happy with their care and support. They told us they decided how they were cared for and supported and spent their time in the way they preferred. One person told us, "I just look at the time and get up when I want. I have a shower and staff help." Another person said, "I shower and dress myself. Staff help me dye my hair." All the staff we spoke with understood and respected people's preferences.

The care plans we looked at included information entitled, "Who I am and what is important to me", which described their interests, hobbies and preferences for how they liked to live and socialise. One person told us, "I like knitting, cooking, craft and pottery, talking and painting." A support worker told us, "It is two houses but one organisation. We celebrate things together and holiday in groups according to their interests."

We saw people's craft work was on display around the home, which encouraged them to take pride in their achievements. Staff encouraged people's independence by ensuring they had the tools, equipment, time and space to follow their interests. The provider employed three staff in dedicated social support worker roles to make sure there were enough staff to support people's social needs.

We saw staff kept daily diaries for each person, which recorded their personal care, food, activity, out of house trips and unusual moods or behaviours. A support worker told us they used the information in the diaries to assess when people's needs changed. A support worker told us, "Everyone has an individual care plan, a daily diary and a home diary, so we know how people have been. I am a keyworker for two people, so I update their care plans."

We found people were encouraged to share their opinions and experiences. A trustee told us, "We have planned some house meetings to have conversations about healthy living diet." One person we spoke with told us they attended meetings and talked about things they were interested in. They said staff explained things to them which they had not understood before. They told us, "We have meetings. We talked about things. We talk about food and holidays."

Staff we spoke with told us there was a complaints procedure. A support worker told us, "If someone complains about something, we have a conversation first, in case it is a misunderstanding. There is a complaints procedure and I can support people with it." We found people understood that if they made a complaint, appropriate action would be taken. One person we spoke with described a problem they had complained about. They told us staff had listened and called in a health support professional to make changes, but they were still not happy. The manager had escalated the complaint appropriately and made a proposal to the board for changes that required their approval. This meant the manager listened to people's experiences and took action to improve their level of satisfaction with the service.

Good

Is the service well-led?

Our findings

All the people we spoke with through our interpreter were satisfied with the quality of the service. We saw three visitors had written in the compliments book about their good experience of the service. One person told us, "Both houses are good." One person we spoke with recognised our papers and told us they understood that there would soon be a new report in the hallway for people to read. This showed us that the provider shared information about the quality of the service with everyone.

Senior staff told us they conducted quality checks to make sure staff followed the guidance set out for them. A senior support worker told us, "I supervise five keyworkers. I check they update the care plans monthly for each person. I check they record in the daily diaries about personal care, food, activity, out of house trips, any unusual moods and behaviours." When the senior identified any issues in people's care plans they made a note of the actions staff needed to take to ensure care plans were kept up to date.

The manager told us how they conducted checks on the quality of care. They said, "I have done shifts and sleep overs to find out about each person and how the place runs. I was on-call last week (during the night) and I have worked a weekend so I know what happens, how it works." They told us they prepared reports for the monthly board meeting about people's lives and staffing." A trustee told us, "I can drop in unannounced and speak with staff. Staff can make suggestions about anything." A support worker told us, "The board members are friendly when they come in to check things are right."

When issues were identified, action was taken to improve. For example, when concerns were raised about people's support with money management, the manager had escalated the concerns to the board. The trustees had reviewed the procedure for supporting people with their money, to ensure that people had more choice about their household and food shopping. This meant people had sufficient funds for holiday and leisure activities. Two people, who were supported to manage their own money, understood the revised practice and procedure. We saw they were happy that staff kept their money safely and recorded how much they spent.

The manager told us people were regularly asked whether they were happy with their care and support. The manager told us, "Everyone has a keyworker and we organise meetings for people with their keyworker." The manager said, "I have prepared a questionnaire about what people think of the service for our next house meeting." We saw the questionnaire included questions about the staff and whether people felt supported to maintain their independence. The manager told us, "We will find out about what they like to do. I will ask for feedback about their current activity."

A trustee told us about the aims and values of the service. They said, "This service is for life. That is the promise we make to people and their families" and "We try to encourage as much independence as possible to enhance their day and give them different experiences." We saw staff behaved in accordance with the aims and values, by being available to support people in whatever way they needed. A support worker told us, "People only have to ask for what they would like to do." A visitor told us, "When I drop in there is a lovely relaxed atmosphere."

We saw data and information was managed appropriately. We saw that people's confidential records were kept securely in the staff offices so that only staff would access them. We saw that staff updated people's records every day, to make sure that all staff knew when people's needs changed. Staff records were kept in a locked cabinet in the manager's office which meant they were kept confidentially and were available when needed.