

Hampshire & Isle of Wight & Channel Islands Association for Deaf People Limited

Easthill Home for Deaf People

Inspection report

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Date of inspection visit: 5 and 7 May 2015
Date of publication: 24/07/2015

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection took place on 5 and 7 May 2015 and was unannounced. The home is registered to provide accommodation for up to 15 older people and specialises in caring for deaf people. There were 10 people living at the home when we visited, some of whom were living with dementia or had a learning disability.

At our previous inspection on 9 and 17 September 2014, we identified breaches of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued two warning notices in

respect of the lack of quality assurance processes and the lack of support for staff. We also set compliance actions in relation to: care and welfare; consent to care and treatment; infection control; and staffing. The provider sent us an action plan stating they would be meeting the requirements of all regulations by 1 February 2015.

Summary of findings

At this inspection we found improvements had been made, but the provider had not addressed all areas of concern adequately. As a result, they were continuing to breach regulations relating to fundamental standards of care.

The home is required to have a registered manager as a condition of their registration but there was not one in place at the time of our 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. A new manager had been recruited and was due to start work shortly after our inspection. In the interim, the Chief Executive Officer (CEO) of the provider was acting as manager.

Infection control procedures had improved and the home was visibly clean. However, infection control risks had not been assessed and staff were not protected from the risks posed by a person with a serious viral infection when delivering personal care to them.

Suitable arrangements were in place for the obtaining, handling, safe keeping and disposal of medicines, but there was no system in place to properly account for all medicines in stock. There was insufficient information about when to administer "as required" medicines to people. There was no system in place to make sure creams and ointments that were being applied to people had not exceeded their 'use by' date and were still effective.

Staff had received fire safety training and knew what action to take in the event of a fire. However, three people did not have vibrating pillows to wake them if the fire alarm was activated. This would put them at risk in the event of a fire. Measures had not been put in place to protect a person who was at risk of developing pressure injuries.

Health and safety risks posed by the environment had not been assessed or measures put in place to manage them. The temperature of hot water in some rooms exceeded safe levels and put people at risk of scalding.

Staff sought consent from people before providing care, but legislation designed to protect people's rights was

not followed. Relevant people had not been consulted to make sure decisions were made in the best interests of people. The liberty of some people may have been restricted without the relevant legal authority.

People expressed concerns about the design and layout of the building as it did not meet their needs. Some areas of the home were in need of redecoration and the lighting and decoration of one person's bedroom did not support their visual needs. The provider had not developed a written schedule of works, with timescales and costings to improve the environment.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Audits of key aspects of the service were not conducted and, where they were conducted, these were not always effective. As a result, the requirements in one of the warning notices we issued had not been met fully.

People felt safe at the home and staff knew how to identify, prevent and report abuse. There were enough staff to meet people's needs at all times, including a mix of deaf staff and hearing staff. The process used to recruit staff was safe and helped ensure staff were suitable for their role. Staff received appropriate supervision, appraisal and professional development.

Staff were suitably trained, including in the use of British Sign Language (BSL). Deaf staff were highly skilled in using BSL and hearing staff received regular training to continually improve their ability to communicate. In addition, communication was enhanced through the use of pictures where appropriate.

People were treated with kindness and compassion. Staff knew people well and used this knowledge to help build positive relationships.

People were offered a choice of suitably nutritious meals and received appropriate support to eat and drink. They saw doctors and healthcare specialists when needed and were supported to attend appointments.

Staff described practical ways in which they respected people's privacy and dignity. Bedroom doors had locks and confidential information about people was kept securely.

People (and their families where appropriate) were involved in discussing and planning the care and support they received and family members were kept up to date

Summary of findings

with any changes to their relative's needs. Care and support were provided in a personalised way that met people's individual needs. Care plans were comprehensive, reviewed regularly, and most were up to date.

People were encouraged to make choices and be as independent as possible. A new activities coordinator had been appointed who had started to identify people's individual interests.

The provider's complaints procedure had been translated into BSL on a DVD and staff had spent time discussing this with people. Feedback from people and their relatives was sought and listened to. Issues raised about transport for trips out, the menu and activities had been addressed.

People told us they were happy living at the home and felt improvements had been made since our last inspection. Staff understood their roles and took a team approach to providing care. Concerns they had raised with the provider had been addressed. They told us there had been "massive improvement" to the way the home was run.

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals.

At this inspection we found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, some of which were continued concerns from our previous inspection. You can see what action we have told the provider to take at the back of this report.

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 not safe. The home was clean, but infection control risk assessments had not been completed and staff were not protected from infection risks. Medicines were not managed safely.

Fire safety equipment was not in place for three people. Risks posed by the environment were not assessed or managed safely.

Appropriate policies were in place to protect people from abuse. Recruitment processes were safe and there were enough staff to meet people's needs.

Inadequate



Is the service effective?

The service was not always effective. Staff did not follow guidance intended to protect people's rights and the liberty of some people may have been restricted without the necessary authority.

The design and layout of the building did not suit people's needs. Some areas were in need of redecoration. The lighting and decoration of the bedroom of a person with a sight condition was not appropriate.

Staff were suitably trained and supported in their role. People's nutritional needs were met and they had appropriate access to healthcare services.

Requires Improvement



Is the service caring?

The service was caring. People were treated with kindness and compassion. Staff knew people well and built positive relationships. Staff were skilled in BSL and used it effectively.

Appropriate policies were in place to help ensure people's dignity was respected. People's privacy was protected at all times.

People were involved in planning the care and support they received. Family members were kept up to date with changes to their relative's needs.

Good



Is the service responsive?

The service was responsive. People received personalised care from staff who understood and met their needs. Care plans contained detailed information about how people wished to be supported.

People were encouraged to make choices and be as independent as possible. A range of appropriate activities was provided. The provider's complaints procedures were available in a format suitable for deaf people. The provider sought and acted on feedback from people and their families.

Good



Summary of findings

Is the service well-led?

The service was not always well-led. Not all concerns identified at our last inspection had been addressed. Effective systems were not in place to assess, monitor and improve the quality and safety of service. A schedule of works had not been developed to enhance the environment.

People were happy living at the home and were positive about the current management. Staff were motivated, organised and understood their roles. Concerns raised by staff had been addressed.

There was an open and transparent culture within the home. Visitors were welcomed and there was increased openness.

Requires Improvement



Easthill Home for Deaf People

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.

This inspection took place on 5 and 7 May 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience in the care of deaf people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We were assisted to communicate with people and staff through the use of BSL interpreters.

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 improvements they plan to make. We reviewed information we already held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with five people living at the home. We also spoke with the Chief Executive Officer (CEO) of the provider, who was acting as interim manager, and the head of business for the provider. We also spoke with the deputy manager, six care staff members, the cook, the cleaner and the facilities assistant. We looked at care plans and associated records for four people; staff duty records; three staff recruitment files; records of complaints, accidents and incidents; policies and procedures; and quality assurance records. We observed care and support being delivered in communal areas.

Following the inspection we obtained feedback from three family members, three social services care managers and an environmental health officer.

Is the service safe?

Our findings

At our previous inspection on 9 and 17 September 2014, we identified breaches of regulations as there were not always enough staff and infection control guidance was not followed. We set compliance actions and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 1 February 2015.

At this inspection people told us they were happy with the cleanliness of their rooms and one person was pleased they had been given a laundry basket for their bedroom. Infection control procedures had improved, a cleaner had been employed and the home was cleaner than at our last inspection. An appropriate policy was in place, together with cleaning schedules. Staff had received infection control training, followed best practice guidance and had access to personal protective equipment. However, infection control risk assessments had not been completed to identify, assess and manage infection risks. These are required by the 'Code of Practice on the prevention and control of infections', which providers have to take account of. The provider was not able to confirm that all areas had been cleaned appropriately as cleaning checks sheets had not been completed for all areas. Where people had a viral infection that could be spread by transfer of blood or body fluids, arrangements were in place to launder their clothing and bedding separately to prevent the risk of cross contamination. However, consideration had not been given to offering vaccinations to staff, in order to protect them from the risk of acquiring the infection when delivering personal care. An infection control audit had been conducted. Whilst it had not identified the above issues, it had identified and brought about improvements in infection control procedures overall.

Suitable arrangements were in place for the obtaining, handling, safe keeping and disposal of medicines. Staff were trained appropriately and assessed as competent. However, there was no system in place to properly account for medicines in stock. The balance of medicines carried forward from one month to the next was not recorded. Therefore, it was not possible for the provider to do a stock check to confirm that medicines had been given as recorded in the medication administration records (MAR). Handwritten entries on MAR charts had not been signed or counter-signed by the staff making the entries, which is contrary to guidance issued by the National Institute for

Health and Clinical Excellence (NICE). Staff were aware of how and when to administer medicines to be given 'as required', for example to relieve anxiety or agitation. However, recorded information about when these should be administered was not sufficient to ensure people received them in a consistent way. There was no system in place to monitor the use of topical creams to ensure they were not used beyond their 'use by' date once opened. Staff checked MAR charts daily to make sure all medicines had been signed as given, but the provider had not conducted a wider audit of medicines management to ensure arrangements were safe.

Fire safety arrangements included the need for people to have pillows that vibrated if the fire alarm activated. These were needed to wake deaf people who were not able to hear the audible alarm. We found three people did not have these pillows in place. Staff told us such an alarm may not be suitable for one of these people, as they were likely to become anxious and confused if woken, but alternative safety arrangements had not been considered.

Care plans contained risk assessment relevant to the person, together with action to be taken to reduce risks, such as the risks of falling or choking on food. A tool was used to assess the likelihood of people developing pressure injuries. However, a soft mattress cover that had been put in place to protect one person had been removed and staff did not know why this had happened. Most people spent the majority of their day in the dining room, on firm chairs which were not suitable for people at risk of pressure injury. Pressure relieving cushions were not always used on these chairs where they had been identified as necessary.

The lack of infection control risk assessments, the failure to protect staff from the risk of infection, the unsafe way medicines were managed, and the lack of vibrating pillows and pressure relieving equipment were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health and safety risks posed by the environment had not been assessed or measures put in place to manage them. During the inspection, the facilities assistant obtained a standard risk assessment tool which they started to work through to help identify risks relating to the home. We

Is the service safe?

checked the temperatures of the hot water in the main bathroom and at sinks in two people's bedrooms. We found they exceeded safe levels, which put people, particularly those living with dementia, at risk of scalding.

The failure to assess environmental risks and protect people from the risk of scalding was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's needs at all times. People told us staff responded quickly when they asked for help. We found staff were organised and understood their roles. Staffing levels were determined on the basis of people's needs and taking account of feedback from people and staff. The CEO was clear about the need to have a mix of deaf staff and hearing staff on each shift. This ensured good levels of communication with people through the use of BSL and an ability to communicate with emergency services promptly and effectively. This made emergency procedures more robust.

People told us they felt safe. A relative of one person said, "I feel better now there is a mix of deaf and hearing staff so they can contact emergency services more easily. [The person] is safer and has more freedom now [they] have been moved to a ground floor room." Another relative told us the service was safe as it had "implemented a new fire alarm system and revised fire evacuation procedures". Staff received fire safety training and were clear about the action

to take in the event of a fire. Fire alarm tests were conducted regularly and staff told us they had completed a fire drill recently, though this had not been documented. People had personal evacuation plans in place detailing the support they would need in an emergency.

The provider had appropriate policies and procedures in place to protect people from abuse. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident senior staff would act on their concerns. Incidents of conflict between people had been reduced by staff supporting and monitoring people effectively. Staff understood how to calm situations using a range of techniques to defuse potential conflict. The provider responded appropriately to allegations of abuse. Concerns were investigated appropriately, in line with multi-agency arrangements and action taken to minimise further risks.

The process used to recruit staff was safe and helped ensure staff were suitable for their role. The provider carried out relevant checks to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. Staff confirmed they had not been permitted to start work until the checks had been completed.

Is the service effective?

Our findings

At our previous inspection on 9 and 17 September 2014, we identified breaches of regulations as staff were not following Mental Capacity Act, 2005 (MCA). We issued a warning notice and set compliance actions for these breaches. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 1 February 2015.

At this inspection we found staff went to great lengths to seek consent from people before providing care, but did not follow MCA or its code of practice. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Some people living at the home had cognitive impairment to some degree. Decisions had been made about people's care, the administration of sedatives and the use of equipment to monitor people's movements. However, people had not always had their capacity assessed in relation to these decisions, or relevant people consulted to make sure the decisions were in people's best interests. Staff were not clear about who was responsible for conducting capacity assessments.

In some of the records there was conflicting information about people's capacity to make decisions. People had signed their consent to some aspects of their care, but not to other aspects. One person's care records stated they were finding it difficult to make decisions and needed other people to make best interest decisions on their behalf. However the person's assessment did not describe what decisions the person could make for themselves, how staff could support them to make decisions, or the best interest decisions that needed to be made on their behalf.

Failure to follow the MCA and its code of practice was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The

local authority had sent the provider information about a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The provider had made an application for one person to be made subject to DoLS and was waiting for the assessment to be carried out. We identified two further people that the Supreme Court Judgement may have applied to, for whom applications had not been made. This meant their liberty may have been restricted without the relevant legal authority.

The failure to follow deprivation of liberty safeguards was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked their rooms, some of which had been decorated and were personalised with items important to them. However, they expressed concerns about the layout of the building and its multiple staircases that made it difficult for some people to get around the building without staff assistance. A family member told us the home "could do with a tidy-up". Another said, "As an organisation they do need to improve the general décor of the communal areas."

The home was based on several levels. A passenger lift connected the ground floor with the first floor and a stair lift that connected the ground floor to a half-landing, off which was a lounge and an activities room. In order to access the lounge, people with limited mobility whose rooms were on the first floor needed to use the passenger lift and then the stair lift. Consequently, most people tended to stay in the dining room on the ground floor, rather than make use of the more comfortable lounge. The dining room was a busy room, where most activities took place and staff constantly passed through. It was not a relaxing environment. The only level access to the garden involved people exiting the home through the kitchen and walking all the way around the building. Most people were only able to do this with staff support, which limited their access to the garden.

Some bedrooms were in need of decorating and a door was missing from one person's wardrobe, which staff said had been missing "for ages". Some curtain hooks in another person's room were missing, which meant the curtains did not hang properly or keep the light out. A flat roof had leaked the night before our inspection and a person had had to be moved to an alternative room. The hall carpets leading to some of the bedrooms had been repaired with

Is the service effective?

black tape and those in the main hall and staircase were stained and dirty. The design and decoration of the home were not conducive to people's well-being or promoting independence. There was also a lack of colour contrast between walls, doors and light switches in shared areas of the home, which did not support the needs of people living with dementia.

A person with limited vision was seen by a specialist in December 2013. They made recommendations about the lighting and decoration of the person's bedroom to support them with the condition. They also recommended staff received training in 'sight loss in deaf people'. We found these recommendations had not been actioned, although staff said they had tried a different form of lamp shade which the person did not get on with. The lighting and decoration of the person's bedroom did not support them to manage their condition.

The failure to ensure the premises were fit for purpose and supported people's needs was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we also identified staff were not suitably trained or supported in their role. At this inspection we found people were cared for by staff who were motivated to work to a high standard and were supported appropriately in their role. Staff told us they enjoyed their work and felt positive about the future. One said, "It's wonderful; everyone is on the same page and we're all working together now." Another told us "Staff are happier

and this has a positive effect on residents." All staff received frequent one-to-one sessions of supervision with a senior member of staff and yearly appraisals. These were used to monitor their development and identify training needs.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the availability of training and told us that they could ask for any training that would benefit people and the management would try to provide it. New staff completed a comprehensive induction programme before they were permitted to work unsupervised. In addition most staff had completed, or were undertaking, vocational qualifications in health and social care. Staff used their training, knowledge and skills to provide effective care and support to people.

People were satisfied with the quality and choice of food. A family member said, "The food is excellent, everything is fresh and of good quality. [The staff] will make whatever people want." People were offered a choice of suitably nutritious meals and received appropriate support to eat and drink enough. Menus were provided in pictorial format and the cook was aware of people who required a special diet.

People were able to access healthcare services. Relatives told us their family members always saw a doctor when needed. Care records showed people were referred to GPs, community nurses and other specialists when changes in their health were identified. People were supported to attend appointments and BSL interpreters were arranged to aid communication.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said staff were “so caring” when they applied topical cream to them each day. Another person told us “The carers are nice and kind to me.” A third person indicated they were happy with staff by smiling and giving us ‘the thumbs up’. A family member told us staff had time to “meet both the caring and social needs” of people.

We observed positive interactions that were warm, friendly and respectful. Staff smiled as they went about their work and used touch appropriately. Staff knew about people’s lives and backgrounds. These were recorded in detail in people’s care plans and staff used this knowledge to help build positive relationships.

The provider had created a ‘family tree’ of staff photographs, showing how staff at the home were part of the provider’s larger organisation. Family members told us they found this helpful to understand who was looking after their loved ones. A similar tree had been created with people’s names on to make them feel part of ‘the family’.

People and their relatives told us it was important that staff could communicate well using BSL. They said they had benefitted from the high skill levels of deaf staff and the improving skill levels of hearing staff. Hearing staff received regular on-going training in BSL and were given the opportunity to gain BSL qualifications. Staff understood how to adapt BSL to people’s individual vocabularies and needs and used this effectively. For example, one person preferred staff to finger-spell words while holding their hand. A family member said, “Staff really understand deaf culture. There has always been a caring attitude towards residents by staff.” Another said of the staff, “They are brilliant. Friendly, caring and really concerned about people.” The CEO told us “The need to sign makes staff really focus on the person and communication.”

Staff talked about people fondly and with respect. One said, “We work as a team and really care and respect the people who live here; after all it is their home”. Another told us “All of the staff love working here and we all care very much about the residents welfare. We willingly come into work on our day off if someone calls in sick.”

The provider had appropriate policies in place to help ensure people’s dignity was respected. Staff told us that

they maintained people’s dignity by asking what help they needed with intimate care and by allowing people to do as much for themselves as they could. One member of staff said, “I try and make a relationship with people before delivering intimate care and I always talk to them about what I am doing.” Another member of staff told us “I always ensure that people are happy for me to deliver their care and if they refuse I back off or sometimes ask the person if they want somebody else to deliver the care instead; it’s whatever works best for the person”. Some people preferred to receive personal care from particular staff members. Staff were aware of this, but the information was not always recorded in people’s care plans to help ensure their preferences were met as often as possible.

People’s privacy was protected. There was a reserved quiet area on the ground floor where visitors and family members could talk to people in private. Confidential information, such as care records, was kept securely and could not be accessed by people who were not authorised to see it. People had locks on their bedroom doors, which some chose to use.

People’s bedrooms were personalised with possessions they had chosen to have with them. For example, we saw that a person had a large number of family photographs on their bedroom wall and they told us that this “meant a lot to them”. Another person’s room was decorated in the colours of their football team. Some wardrobes and drawers had pictures of clothing on them to support people to find specific items of clothing.

When people moved to the home, they (and their families where appropriate) were involved in discussing and planning the care and support they received. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were usually kept up to date with any changes to their relative’s needs. During this inspection, we identified that one person had not had contact with relatives or friends for some years. This prompted staff to make contact with the person’s next of kin to re-establish the relationship with the person. The CEO told us advocates were not used to support people to express their views due the difficulty in finding deaf advocates. They said they would use care managers for this purpose. However, this may not always be appropriate due to a possible conflict of interests.

Is the service responsive?

Our findings

At our previous inspection on 9 and 17 September 2014, we identified a breach of regulations as care planning was not personalised. We set a compliance action for this breach and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 1 February 2015.

At this inspection we found people received personalised care from staff who understood and met their needs well. One person said, "I like living at the home and like my room." A family member told us there was "improved and more regular communication with resident's families" and added that "Easthill has worked to improve their response to meet the needs of the residents and their families. There are now more meetings, giving residents the opportunity to express their views". A community nurse told us "Residents always seem happy. Staff are very helpful, follow our advice and do their best for residents."

Care plans included details of people's likes, dislikes and daily routines. They provided comprehensive information about how people wished to receive care and support. For example, they gave detailed instructions about how they liked to receive personal care, how they liked to dress and where they preferred to spend their day. Sections of the care plan included "Things that are important to me" and "This is what I do, this is what it means and this is what you should do". Staff showed a good understanding of this information, which helped them interpret whether people were in pain, needed to use the toilet or were hungry. They used this knowledge to support people effectively. For example, they explained how one person's signing got bigger when they were in pain. Pictures of happy and sad faces were used to help other people indicate when they were in pain. Two people had their blood sugar levels monitored regularly. Results were recorded and staff were clear about what action to take if the levels were outside the normal range for that person. Most care plans included detailed information about people's continence needs. One did not reflect the person's current needs, although staff knew and met the person's needs appropriately.

For people who displayed behaviour that challenged others, guidance had been developed to help ensure their anxiety was kept to a minimum. Staff were able to explain the principles of de-escalating situations. A member of staff told us "If a person becomes defensive or upset we are

trained to 'back off' or try a different technique or find another member of staff who the person may react better to." Records showed the number of such incidents had reduced significantly since our last inspection.

Reviews of care were conducted regularly by key workers. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. People and their relatives were consulted as part of the review process. One family member confirmed this, saying: "Every step of the way we're involved in every aspect of their care." Records of daily care confirmed people received care and support in a personalised way in accordance with their individual needs and the wishes they had expressed.

People were encouraged to make choices and be as independent as possible according to their abilities. One person who was not able to use BSL had been taught some signs by staff. This had allowed them to express their views and make choices more easily. They had learned how to indicate that they needed to use the bathroom and what they wanted to eat. People could choose when they got up, went to bed and where they spent the day. Some had chosen to keep topical creams in their bedrooms and others had asked staff to look after them.

People had access to a range of activities, including a local deaf club. Some people were able to go for walks and visit local shops independently and others were supported by staff to do this. One person told us they enjoyed helping to prepare meals and we observed them doing this. A member of staff had recently been appointed as an activities coordinator. They had started to identify people's individual interests and were tailoring events and activities to meet their individual needs. For example, a trip had been planned to see a film with subtitles, which some people had asked to see. We observed an exercise class in progress which, judging from the smiles and laughter, people enjoyed. A family member told us "[My relative] is now accessing more community activities and no longer staying indoors all the time. [They] are involved in walking and exercise classes which [they] enjoy, resulting in increased appetite and weight. [They] are no longer reliant on using [their] wheelchair and are more willing to ask and give [their] opinions".

At our previous inspection we identified there was no system in place to obtain people's views about the service

Is the service responsive?

and the complaints procedure was not available in a format suited to the needs of deaf people. At this inspection we found people knew how to complain or make comments about the service. The provider's complaints procedure had been translated into BSL on a DVD. Staff had shown this to people and encouraged them to raise concerns if they were not satisfied with the service. Records showed most complaints had been dealt with promptly and investigated in accordance with the provider's policy. However, a family member told us they had not had a satisfactory response from the provider to questions they had raised about issues identified at the last inspection.

Minutes of 'residents' meetings' showed people were encouraged to influence, and provide feedback about, the way the home was run. These were recorded in written and pictorial format to make them easier for people to read. Issues that had been raised about transport for trips out, the menu and activities had been addressed, which

showed people were listened to. We also observed people being involved in choosing a new colour scheme for the dining room by staff showing and discussing colour charts with them.

Families were also encouraged to provide feedback through questionnaire surveys, the last of which was conducted in November 2014. Responses were analysed and used to improve the service. For example, following comments by in the survey, the provider had recently introduced red tabards for staff to wear when administering medicines so they would not be interrupted. Staff had taken time to show these to people and explain their purpose before they started wearing them. We saw complimentary comments had been made by family members showing they were satisfied with the service. For example, one relative had written "There was a blip when things went downhill, but with [the CEO's] input things picked up again. A massive thank you for your care and patience with [my relative]."

Is the service well-led?

Our findings

At our previous inspection on 9 and 17 September 2014, we identified that the provider had not completed actions they told us they would take to meet the regulations. We issued a warning notice for this breach and required the provider to make improvements. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 1 February 2015.

At this inspection we found that whilst effective action had been taken in key areas, some actions the provider had taken had not addressed the concerns identified. These included actions to ensure: that care and treatment was only provided with people's consent; that the environment was suitable and supported people's needs; that people's care and treatment was provided in a safe way; and action to assess and monitor the quality of service. As a result, the provider was continuing to breach regulations relating to fundamental standards of care.

We also identified at our previous inspection a lack of quality assurance systems to assess and monitor the quality of service. At this inspection we found effective systems had not been put in place to remedy this and to enable the provider to assess, monitor and improve the quality and safety of the service. For example, MAR charts were checked daily by staff, but audits of the medicine management procedures were not conducted. The provider had not identified that medicines could not be accounted for or that topical creams were not managed safely. An audit of infection control had been completed, but this had not identified the lack of infection control risk assessments and the risk to staff from a person with a viral infection. Audits of other key aspects of the service, such as care plans, staff training, the application of the MCA and fire safety arrangements had not been completed.

During discussions with the CEO, they acknowledged that work was needed to improve and enhance the environment of the home. They had considered the extent of work required and identified the priorities. However, they had not conducted a survey or audit of the environment, or developed a written schedule of works, with timescales and costings. Therefore, they were unable to confirm when and what work would be completed.

The lack of effective systems to assess and monitor the quality of service and to improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home is required to have a registered manager as a condition of their registration, but there was not one in place at the time of our inspection. The previous registered manager had left the home in February 2015 after a period of absence. A new manager had been recruited and was due to start work shortly after our inspection. In the interim, the CEO of the provider had been acting as manager, with support from other senior staff.

People told us they were happy living at the home and felt the management of the home had improved since our last inspection. One person said, "[The CEO] is a good manager, I'm really happy now." Relatives felt the home was running "a lot better" than previously. One family member told us "We have noticed a notable improvement in recent months in both the atmosphere and the day-to-day running of the home." Another family member said of the home "It's a much happier place, just like it used to be."

The provider had made improvements to the way they sought and used feedback from people and their relatives. This had encouraged people to become more involved in the running of the home and to have more influence over day to day events and activities.

Staff praised the CEO, who they described as "approachable". They understood their roles and took a team approach to providing care. Some staff, who had previously left the home as they did not like the way it was run, had now returned. A new member of staff told us: "This is a really nice place to work. All of the staff are readily able to give advice or point you to a procedure about what you need to do to help the people living here." An experienced staff member said, "Things are more organised now. Communication is much better, staff are happier and the residents laugh more." Staff attended team meetings, where they were encouraged to express their views about the way the home was run, what could be improved and how the needs of people could be met more effectively. Staff had completed a questionnaire survey in November 2014 which had raised concerns about the management of the home. We found all issues raised by staff had been addressed and they were satisfied with the outcome. A staff member summed this up by describing subsequent management changes as a "massive improvement".

Is the service well-led?

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of all significant events. There was a whistle blowing policy in place, which staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external

organisations. The previous inspection report had been shared with people and relatives. A family member told us there was now “increased openness and transparency”. They added that there were “opportunities for face to face conversations which never took place prior to the CEO taking a more active role”.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider was failing to follow the Mental Capacity Act 2005 and its code of practice when making decisions on behalf of service users. Regulation 11(1), 11(2) & 11(3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider was failing to ensure that service users were not being deprived of their liberty without lawful authority. Regulation 13(5).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider was failing to ensure the premises were suitable and fit for purpose. Regulation 15(1)(c) & 15(1)(e).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider was failing to ensure that care and treatment were provided in a safe way in relation to infection control, the management of medicines, the premises and fire safety arrangements. Regulation 12(1), 12(2)a), 12(2)(b), 12(2)(d), 12(2)(g) & 12(2)(h).

The enforcement action we took:

We issued a warning notice, requiring the provider to become compliant with this regulation by 21 August 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider was failing to ensure that effective systems were in place to assess, monitor and improve the quality of service provided. Regulation 17(1), 17(2)(a), 17(2)(b), 17(2)(e) & 17(2)(f).

The enforcement action we took:

We issued a warning notice, requiring the provider to become compliant with this regulation by 21 August 2015.