

# The Royal National Institute for Deaf People RNID Action on Hearing Loss Leopold Muller 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

This inspection took place on 3 and 4 May 2016 and was unannounced. When the service was last inspected in November 2013 there were no breaches of the legal requirements identified.

Leopold Muller Home provides accommodation and nursing care to deaf people who have complex care needs. At the time of our inspection there were 18 people living at the service.

A registered manager was not in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was currently processing their registered manager's application with the Commission.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions for themselves. We saw information in people's support plans about mental capacity and the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

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

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People received effective care from the staff that supported them. Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for. Specific cultural requirements were respected and enabled by the service, such as dietary requirements.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

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

## 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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

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

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

### Is the service caring?

Good ●

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

Staff were very knowledgeable about people's different behaviours and specific needs.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People received good care that was personal to them and staff

assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff felt well supported by their manager.

To ensure continuous improvement the manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

# RNID Action on Hearing Loss Leopold Muller Home

## **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 3 and 4 May 2016 and was unannounced. The last inspection of this service was in November 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

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

On the day of the inspection we spoke with six members of staff, the deputy manager and manager. We also spoke with one relative and a visiting health professional. In order to enhance our understanding of people's experience of living in the service, we observed interactions between staff and people in communal areas.

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

## Is the service safe?

### Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. We observed that there were sufficient staff to help people when needed, such as meal times and when medication was required. In the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. One member of staff told us about a safeguarding issue they had reported to a senior member of staff in the past. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

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

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

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and they received by people safely. People were receiving their medicines in line with their prescriptions. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

To ensure staff followed correct procedures the management of medicines was audited on a monthly basis. The audits reviewed the current stock and medication administration sheets. They also reviewed all medication administration and handling procedures. The audits would identify any potential concerns which required action. We advised a member of staff that one of the creams in the fridge had not been labelled when it was opened. The rest were correctly dated.

We saw that PRN ('as required') medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual.

Risks to people were assessed. Where required, a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as eating and drinking, their behavioural and emotional needs, moving and handling requirements and cultural and religious needs. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep a person safe when undertaking specific tasks when moving and handling a person. Control measure instructions were provided such as the number of staff required, the provision of clear guidance of recommended methods and the equipment required. For example, one person had a fractured tibia and staff were instructed to ensure that pain relief was given before any movement.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening again. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the manager. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Regular equipment and maintenance checks were undertaken. Where actions were required, they were taken forward within a reasonable time limit.

## Is the service effective?

### Our findings

The provider ensured that new staff completed an induction training programme which prepared them for their role. The manager told us the induction included essential training such as first aid, health and safety and infection control. An induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in moving and handling, fire safety, basic life support and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. We did note that some training required updating. The manager told us that the training matrix required updating as staff members had attended training and it had yet to be recorded. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy awareness, working with people who self-harm, dementia training and British Sign Language (BSL) had been undertaken by staff.

The supervision matrix indicated that supervisions were held with staff. In some cases supervisions were not held as regularly as the providers one-to-one policy stipulated. The policy stipulated; "All employees must have regular 1-1 meetings with their line manager. We advise that these should be every four weeks, but they can range from every two to eight weeks". Supervisions covered topics such as training and development, the people that staff supported, contribution to the team and organisation, what was working well and not so well. Conducting regular supervisions ensured that staff competency levels were maintained to the expected standard and training needs were acted upon.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions for themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered, the DoLS application process involved family members, staff members and a mental health capacity assessor.

We found that people had the support of Independent Mental Capacity Advocates (IMCA) where required. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. IMCAs are mainly instructed to represent people where there is no-one independent of services, such as a family member or friend, who is able to represent the person. We advised the manager to review their bed rail assessments as it was not evident that consent had been obtained from the relevant parties.



Staff completed Mental Capacity Act 2005 training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible, the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "Everyone is deemed to have capacity until proven otherwise. We seek their views or their family views. I offer choices and ask them what they would like."

We made observations of people being offered choices during the inspection, for example food choices were offered. Due to a medical condition one person found signing difficult. Staff utilised a number of techniques such as interpreting their body language, their facial expressions and the pitch and tone of the sounds made by the person. Support plans advised staff how to assist people to make day-to-day decisions, where possible. Depending on the specific issues, such as medication reviews, decision making agreements involved the appropriate health professionals, staff and family members. Where appropriate we were told that the latter were invited to attend such meetings but did not necessarily attend all the meetings. Where requested we found that the service would communicate with the family about incidents or decisions that affected their relative. Some people who lived at the service had no contact with their family.

People's nutrition and hydration needs were met. People were provided with food that respected their choices and preferences. This included respecting a person's religion and catering for their religious dietary requirements. The food was nutritious and served at the correct consistency according to the person's needs. Appropriate professional advice had been sought regarding the consistency of food the person should consume. Following advice from the Speech and Language Therapist, each person had their own eating and drinking guideline plan. It included details such as the equipment needed, food consistency, positioning and the level of assistance the person required. We observed that staff provided the appropriate support in accordance with these guidelines. Staff we spoke with demonstrated a detailed knowledge of each person's nutrition and hydration needs.

## Is the service caring?

### Our findings

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed numerous positive interactions during our time at the service. Staff communicated with people in a meaningful way, taking a vested interest in what people were doing and asking how people were feeling. Staff continually offered support to people. Where a person was not positioned correctly for lunch, staff helped them to make them more comfortable.

During lunch staff sat with people and they had their lunch together. There was a relaxed environment. Staff were communicating with people about their weekends and having a laugh about getting old. People told staff where they would like to sit. One person told a member of staff they had a pain in their knee and needed a tablet. The staff member attended to their request. We did note that staff members did not always ask the person if they wanted to wear a protective apron. In one instance a staff member put an apron on without seeking the person's agreement. We observed the person taking their apron off and then another member of staff proceeding to put another apron on them without asking them. People were not always asked their preference for juices and there were no condiments on the table. Where people were more independent they helped themselves to drinks and helped with the cutlery and clearing up. People valued the lunchtime experience and were giving a 'thumbs-up' sign.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. The level of detail provided by staff members was exacting and reflected in the person's care plans. When they spoke about the people they cared for, they expressed warmth and dedication towards the people they cared for. People were provided with a lifestyle that respected their choices and preferences. A member of staff was told us about a person and how they catered for their needs; "[person's name] is a girly girl and likes having their make-up done. She likes shopping." Another staff member told us; "[person's name] is a private person and will only accept care from certain people. He likes a laugh and does not ask for help. He likes to be asked and I spend time with him. He enjoys going to the pub and the cinema and has a lot of family." The staff member also told us about the level of care; "It's really personalised care here. There is a massive focus on person-centred care and involving people."

It was evident that staff members were attached to the people they cared for. On the day of our visit, members of staff were attending the funeral of someone who lived at the service and had recently passed away. Staff were viewed as being caring. Compliments received included; "Your words of comfort helped us both so much and we know you loved [person's name] on her good days and not so good days for she was in your care for 11 long years"; "I feel my sister is being looked after very well at your home and could not be in a better place"; and "We were so relieved and delighted to hear that [person's name] has settled into Leopold Muller. We were so delighted to hear that [person's name] is happy and keeping well. Your staff deserve a big thank-you for the extra attention that is over and above the call of duty."

## Is the service responsive?

### Our findings

The service was responsive to a person's needs. People's needs were met by a staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year or if people's care needs changed. Reviews included comments on the support plan, the person's health, social and leisure activities and risks.

In order to enhance their understanding of each person's needs the service has a keyworker system in place. This meant that each person was allocated a member of staff to look after their needs and preferences. They met with the member of staff formally once a month to discuss their care and social needs. It was the role of the keyworker to understand, promote and achieve the person's requirements. One member of staff told us; "I look after [person's name] daily routines. I conduct review meetings and attend their appointments with them. He has a brother and they attend reviews which I coordinate. I inform the family of notable events."

Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required we found that the service accessed speech and language therapists, dieticians and physiotherapists. An example of this included where a person has a low bone mineral density. Following the person's hospital assessment a best interest meeting was held with interested parties. This included staff members, a family member, an Independent Mental Capacity Advocate (IMCA) and the person's GP. A strategy was agreed on the therapy and treatment required to most effectively deal with their medical condition.

We spoke with a visiting health professional and they told us about an exercise programme they had incorporated for the person they were visiting. The exercises had been produced on photographs for staff to follow. They told us; "They call us in good time if they need advice. I conduct reviews and provide programmes which give guidelines. The staff are following the instructions provided. There has been no problem with this service."

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives (where requested) had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which showed what was important to the person and how best to support them.

One person used to mainly communicate using lip reading and speech. Due to their medical condition their speech was becoming less clear. Following professional advice, communication strategies were implemented to ensure staff communicated effectively with the person. This included writing down key words and phrases if the person is struggling to lip read and using large writing.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. People undertook activities personal to them. People in the service were supported in what they wanted to do. The social activities recorded varied for people according to their chosen preferences. This demonstrated that the service gave personalised care. We viewed one person's activities planner which highlighted their goals. They chose that they wanted to visit their family and go swimming. The service facilitated the planning of these activities. This encouraged the person to be involved and enabled their independence, as far as possible. It was agreed that swimming would improve their overall health and enhance their well-being. Due to sickness there was no structured activities programme on the day of our inspection. The manager told us that the activities coordinator was usually working during the week and every other weekend.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Staff enabled and encouraged this contact. One member of staff told us; "As a keyworker I'm the main point of contact with the family. I phone, email and write letters to family members."

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

The provider had systems in place to receive and monitor any complaints that were made. We noted that there was one on-going complaint that the manager was dealing with in accordance with their complaints policy. They were investigating the issues of concern and taking forward in the appropriate manner and explaining to the complainant their findings.

## Is the service well-led?

### Our findings

Staff described the manager as approachable. The manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the manager if they had any concerns. During the inspection we observed staff seeking the manager's advice about day-to-day issues, such as maintenance. Although staff meetings were held, they were not held regularly. The most recent meetings were held in October 2015 and March 2016. Agenda items included people they supported, the dining experience and a session of what was working well and not so well. This ensured that the manager was fully aware of arising staff issues and could incorporate an action plan to take issues forward, such as ensuring that there is a correct mix of skill levels available during each shift. The manager also encouraged staff members to suggest agenda items for each staff meeting.

Staff we spoke with felt supported with their training programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new activities or approaching health professionals when needed. These actions were supported by the manager.

Communication books and handover information were in place for the staff team. We saw that staff detailed the necessary information such as changes in prescriptions, health professional visits and any notable information that occurred during the previous shift. This meant that staff had all the appropriate information at staff handover.

'Echo' was a monthly newsletter issued to people and their relatives by the provider. The newsletter included provider information on organisation progress and regional updates. It also highlighted activities and achievements across the service. In the latest newsletter there was information relating to Leopold Muller regarding birthday celebrations and trips. This meant that interested parties were informed about the development of the provider and latest news about a specific service.

Through regular care plan and best interest meetings, people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

Resident meetings were held at the service. At the last meeting held in December 2015 people were given the opportunity to provide their feedback on the food, décor and activities. One person expressed that they did not like going to deaf club or the pub. The staff provided different options to the person and they were willing to try the alternative educational opportunities on offer.

To ensure continuous improvement the manager and service manager conducted regular compliance audits. They reviewed issues such as; risk assessments, overview of care plans, meal time experience, maintenance, medication and health and safety. The observations identified good practice and areas where improvements were required. Examples of this included the need to get advice on the ventilation systems

and updating the service plans to identify the emergency shut-off points.

Questionnaires were sent annually to seek views from relatives and health professionals on issues such as the environment, personal care, communication and staff. The service received 11 responses in the 2015 questionnaire. Overall the feedback was positive. Comments included; "Staff are always helpful and friendly"; "There always seems a good ratio of staff to residents and they're always some members of staff with residents supporting them in the communal areas"; and "Residents appear well cared for and the service is patient centred."

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.