The Royal National Institute for Deaf People

RNID Action on Hearing Loss Newbridge Hill

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Newbridge Hill is a residential care home which provides care for up to five people who are Deaf and who have additional complex needs, including learning disabilities. At the time of the inspection, five people were receiving care and support at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were safe and protected from avoidable harm or abuse. Risk assessments were in place, although we noted that some radiators in some rooms were not covered. We have made a recommendation about risk assessing hot surfaces. The environment was homely, clean and well maintained and it met people's needs. Plans were in place to refresh some areas of the building.

There were enough staff to meet the identified needs of people who lived at the service. Safe recruitment and selection procedures were in place. Staff received training and supervision to ensure they had the skills and knowledge to effectively support people and staff told us they felt well supported.

People living at the service took responsibility for their own medicines, but staff provided support and there were systems to ensure medicines were safely stored, recorded and disposed of.

People's care, treatment and support achieved good outcomes and promoted a good quality of life. The service had an advanced understanding of people's information and communication needs. People's needs and preferences were assessed before they came to the service and these were regularly reviewed. Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

People were supported to follow their interests and take part in a wide range of meaningful activities.

People were supported to eat and drink enough to maintain a balanced diet and specific dietary needs were monitored. People accessed routine and specialist healthcare services as needed.

People were well supported and treated with dignity and respect. They were involved as partners in their care and relatives were included if people consented. People and their relatives were positive about staff.

Staff were clear about their roles and responsibilities and the service was consistently managed and well-

led. Systems were in place to monitor and review quality and performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 24 October 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector who was supported by a registered British Sign Language (BSL) interpreter. This was because people living at the service and some staff communicated using different types of sign language.

Service and service type
Newbridge Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
We gave the service 48 hours notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure staff and people would be there to speak with us.

What we did before the inspection
Before the inspection we reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

What we did during the inspection
During the inspection with spoke with three people who lived at the service. The BSL interpreter supported us to communicate with people. We spoke with three members of staff, as well as the registered manager.

We reviewed a range of records. This included three people's care records and everyone's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and health and safety documents were reviewed.

We considered this information to help us to make a judgement about the service.

What we did after the inspection
After the inspection we spoke with the friends and family of four people who used the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Systems and policies were in place and staff had received safeguarding training to keep people safe from abuse or harm.
• Staff understood how to keep people safe and how to act if they had concerns about safeguarding issues. They described the actions they would take, and one staff member said, "I would feel confident to report anything, and confident that something would be done." A relative told us, "[People] are very safe, and well looked after."

Assessing risk, safety monitoring and management
• Individual risk assessments were in place and were clear and up to date. These gave guidance to staff about supporting people safely. Risk assessments related to areas such as cooking, mobility, security and health and safety.
• The environment and equipment were safe and well maintained. Risks were assessed, and regular checks were in place including fire, infection control and the physical environment.
• Emergency plans were in place, and fire systems and equipment were regularly checked.
• An emergency assistance card was kept in the service. This enabled people to get help in the event of an emergency or incident.
• Some radiators in some rooms were not covered. This presented an increased risk of potential scalding or burning, however we noted that this risk was very low. This is because people were physically able and could react safely to hot surfaces.

We recommend the provider review current guidance about hot surfaces in care homes and document risk assessments.

Staffing and recruitment
• There were enough staff to meet the identified needs of people who lived at the service.
• Staff said that an additional person working in a senior role would be beneficial. One staff member explained, "Sometimes I don't ask [registered manager] to do things because I know he's got so much to do already – he's doing two people's jobs really."
• There had been a number of staff changes since the last inspection, but people and relatives all told us that they were happy with the current staff team. One person said, "Lots of staff are new, but they're ok." A relative told us, "I haven't seen any problems with the new staff. The staff are always friendly, always pretty good." Another relative added, "I was worried with all the changes, but there has been no impact on their care."
• Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks

in place that confirmed staff were suitable to work with people.

Using medicines safely
• People living at the service all collected, monitored and administered their own medicines. These were safely stored in people's bedrooms
• People had individualised pictorial medicine records and they signed these each time they took their medicines. Records were regularly checked by staff.
• Systems were in place to ensure medicines stocks were safely stored, recorded and disposed of.
• Staff provided support to people if necessary. For example, one person had difficulty remembering how many tablets they took at a particular time. The person continued to take responsibility, but staff checked how many tablets were left at the end of each day. The person had signed a support agreement to indicate their consent with this monitoring.
• Staff had received training in the management of medicines. The registered manager told us they would provide additional training if staff had to take a more active role in supporting people with their medicines.
• Medicines audits were carried out regularly to monitor safety and ensure risks were managed.

Preventing and controlling infection
• The service was clean and there were no unwanted odours.
• People took responsibility for cleaning and tasks such as laundry, with support from staff if necessary. We saw people carrying out these tasks competently during our inspection.
• Regular checks were in place to ensure standards were maintained and risks managed.

Learning lessons when things go wrong
• There had only been minor accidents such as small skin cuts at the service.
• Systems were in place to record and review accidents and incidents in the service and within the organisation.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs and preferences were assessed before they came to the service. This included their physical, mental and social needs.
• People's care and support needs were regularly reviewed, and changes made where needed to achieve effective outcomes.

Staff support: induction, training, skills and experience
• New staff received induction and local orientation when they started in post. Staff were supported to complete the Care Certificate. This training follows a set of standards that social care and health workers should apply to their daily working life.
• Staff had attended training which related to the needs of the people using the service, for example, safeguarding and first aid training. Staff told us about recent training courses that they had completed, however some training records required updating.
• Staff received regular supervision and appraisal. This gave them time to talk about their work or issues which were important to them.
• Staff told us they felt well supported and they could speak with the registered manager at any time. One staff member said, "[Name] does a really good job. As a manager, they're really good."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink enough to maintain a balanced diet.
• People took turns to prepare a communal meal and were supported by staff as necessary. One person said, "I choose what I cook. The staff are good at helping."
• People's weight was regularly monitored, and staff were aware of people's preferences, as well as their individual nutritional requirements and specific dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to access routine and specialist healthcare services. Records contained the details of people's appointments and any actions or future plans.
• People had a personalised 'hospital passport'. This document provides detailed information about individual needs and preferences which can be shared with healthcare professionals.
• Staff communicated effectively with each other. There were systems in place, such as daily records and handover meetings, to share information among staff.

Adapting service, design, decoration to meet people's needs
• The environment met people's needs and preferences. Communal areas were clean and tidy and were decorated in a modern style which was welcoming and homely. There were photographs, artwork and items that people had made around the home.
• People's bedrooms were decorated in the way they chose. Personal items reflected people's interests and preferences.
• Plans were in place to have a new kitchen fitted. People had been fully involved in choosing all aspects of the fittings and decoration. In order to minimise disruption and distress during the planned building work, the provider had arranged for people to go on holiday together.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

• No-one living at the service was subject to Deprivation of Liberty Safeguards
• Mental capacity assessments were carried out regularly and for specific decisions.
• Best interest decisions and meetings took place. These were documented and other people involved as relevant.
• Staff received training in the Mental Capacity Act and DoLS. Staff clearly understood they needed to seek verbal consent when supporting people.
• Written consent to care and treatment was recorded, and people usually signed care plans and documents.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• Staff supported people in a kind and caring manner and were caring and compassionate. Comments from people included, "The staff are all ok. They help me if I'm not happy," "Staff are good," and "The staff are nice. They are kind."
• Staff had good relationships with people and knew them well. A staff member told us, "We know them really well, we find out so much about them and spend lots of time with them." A relative said, "Staff know [Name] well. I see the rapport between them, I find that reassuring."
• Feedback from relatives about staff's treatment of people was exclusively positive. Comments included, "I'm delighted with the care they receive," and, "It's all positive, staff help them be more independent. The staff are very supportive."
• The provider respected people's needs under the Equalities Act 2010. For example, one person was active in the local church, and had recently taught church members aspects of sign language. Accessible information was available about subjects such as different faiths and sexuality.
• People's care records included information about issues such as cultural, dietary and gender needs. One person was supported to go to a specialist barber, another attended a Deafblind club and another person was a member of a local church.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and be involved in decision making. Decisions that affected everyone in the service were made as a group and people were encouraged to be actively involved. For example, when a new sofa was required, some people visited furniture shops with staff to choose which one to buy.
• Decisions about activities or household matters were often explained using pictorial posters, and people ticked on the sheet to show their preference. This meant decisions were made clearly and fairly and information was available and accessible to all.
• People had signed their care plans, and there was evidence that they had been involved in discussing their support needs. A staff member told us, "[Name's] care plan is in a format that's right for them. A copy is given to [Name], it's really important to give them a copy that is accessible for them."
• A service user guide provided information about the service in a format which was accessible to people.
• Surveys were regularly completed by people and relatives. This encouraged the feedback of thoughts and views. Feedback was positive, and people indicated they were happy living at the service.
• Relatives told us that they were involved in decision making and care reviews with consent. One relative said, "I always get invited to reviews, and I receive reports before review and a follow up report too. I'm kept

very informed." Another relative told us, "I get updates about what they've been doing, with photos and lots of information."

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected by staff, for example knocking on bedroom doors before entering.
• Relatives told us they always felt welcome when they visited the service. One relative said, "It's always very relaxed there. When I go in, I'm always offered a cup of tea and we always have a chat."
• People were supported to be independent where possible and were expected to carry out a range of daily living tasks such as personal care, cooking and looking after their personal belongings. One staff member said, "We help to maintain their skills. It would be easy to do things for people. We try to get the balance right."
• Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• People's care plans contained person-centred information and identified things that were important to individuals. This provided guidance for staff about how to meet people's needs and preferences. For example, one person owned and regularly drove a car. Detailed assessments had been carried out and plans put into place to ensure the person was safe in this activity. This included detailed vehicle checks and the use of safety measures such as mobile phone, dashboard camera and emergency plans.

• Another person's care plan contained detailed easy read instructions with photographs which enabled them to take responsibility for regularly cleaning their fish tank.

• Care plans were regularly reviewed and updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The service had an advanced understanding of people's information and communication needs. These were identified and were recorded and highlighted in detail in care plans. The service met individual's communication needs and shared these with other professionals when necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• People were supported to follow their interests and take part in a wide range of meaningful activities. These reflected their preferences, social and cultural needs and supported people to access a range of opportunities. For example, attending work, theatre visits, outings and shopping trips. One person told us in detail about how much they had enjoyed going to see a pantomime, adding, "I really enjoyed it. I really liked it. It was really funny." Another person described recent trips to the seaside and a long day trip that they had been very involved in planning. One person told us, "I really like the things I do."

• A staff member said, "We're good at finding different things for the guys to do. We keep offering new things, even if they say no at first." Another staff member added, "Activities have to be person centred, it's what's important for the guys, not staff."

• A relative said, "My relative always seems to have lots to do. They're always going out and doing something."

• People were supported to develop and maintain relationships with people that mattered to them. Staff

regularly travelled with one person to visit family in London, and another person told us that they saw their family regularly, and that this was important to them.

Improving care quality in response to complaints or concerns
• The service had not received any complaints in the previous 12 months.
• Systems and policies were in place for recording and dealing with complaints. An easy to read version of the complaints policy helped people raise concerns.
• People told us they were happy to speak with staff if they had concerns. One person said, "I can always talk to staff. [Registered manager] is very good."
• Relatives told us they had never felt the need to make a complaint but added that they would feel confident to do so. Some had raised minor concerns in the past and had been satisfied with the response they received. Comments included, "If I had serious concerns, then I would certainly bring it up," and "I have no real niggles or complaints, but I've done it in the past with other organisations, so I'd have no problems raising things if needs be."

End of life care and support
• No-one at the service was receiving end of life care at the time of our inspection. If a person needed end of life support, the provider told us they would seek specialist support on an individual basis.
• Care records contained personalised end of life plans. These were sealed to respect people's privacy. An end of life folder was available in the dining room which included some training tools and practical information about end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The provider had values which were reflected in the practice of staff during our inspection. A staff member told us, "I am proud to work here, I don't feel like I'm coming to work. I learn things from the people we support."
• Everyone we asked talked positively about the service. One staff member said, "This is a great service. I love working here." Comments from relatives included, "I'm delighted with the care they receive," "It's better than every other place they've lived at," and, "I walk away from the home feeling happy that they're there. "

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider understood their responsibilities about informing families or different bodies when incidents occurred within the service. There had not been any significant events, but the provider routinely updated families about changes or minor incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service was organised and well run. Staff said they were clear about what was expected of them and that concerns or performance issues were reviewed in supervision. Staff felt supported to provide high quality, person-centred care.
• A relative told us, "[Registered manager] is always available, they always have time and keep me informed."
• Since the last inspection, there had been a number of staff changes. A relative said, "There has been no negative impact. Initially, I had concerns, but it was all to no avail."
• Systems were in place to monitor and review quality and performance and to ensure risks were managed. This included internal and external checks and audits of medicines, care plans and health and safety. The provider had not completed a comprehensive health and safety audit since 2016-17, but local checks were carried out on a daily basis.
• There were regular monitoring visits from senior managers and action plans identified shortfalls or areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Regular house meetings took place and people who lived at the service ran these. Recent issues discussed

included activities and tasks to be completed in the coming week, house rules and information about staffing.
• Staff meetings took place regularly, although all staff said that they could raise concerns or suggestions at any time. Issues discussed at staff meetings included health and safety, activities, and staffing updates. At staff meetings, supportive messages from a 'wellbeing jar' were celebrated and shared.

Continuous learning and improving care
• The provider carried out regular audits to assess standards and the quality of care. Audits included action plans which enabled the provider to monitor and improve care for people.
• The registered manager was involved in projects to support health and wellbeing for Deaf people in the local area.
• In the Provider Information Return, the registered manager said that complaints, incidents and safeguarding concerns are monitored, and data analysed for trends. Also, that actions for improvement are identified and learning shared with other services.
• The service had received a number of compliments. A card from a relative read, "Thank you again for all the thought and care you display in your role. [Name] could not be happier at Newbridge Hill, and it all comes from your dedication and that of all the staff. [Name] is indeed a lucky chap."

Working in partnership with others
• Staff worked in partnership with other professionals and the local community. Some local businesses had been supported to learn basic sign language and knew people well.
• One volunteer supported activities at the service, and another volunteer was due to join the service soon after our inspection.
• People were involved in services and activities at the local church, volunteered at local services and accessed community groups and events.
• Health and social care specialists provided support and guidance to ensure people received effective care, and to promote best practice in the service.