

# The Royal National Institute for Deaf People RNID Action on Hearing Loss Gallaudet Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 24 & 25 October, 3 & 6 November 2017 and the first day was unannounced.

We inspected Gallaudet Home in May 2016. At that inspection we found the provider to be in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risk assessments relating to the health, safety and welfare of people were not reviewed regularly. People had not been involved in risk assessments. During this inspection, we found the required improvements had been made. We found people's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005 because people were being inappropriately deprived of their liberty. During this inspection we found the required improvements had been made. Staff did not receive regular training and supervision to enable them to carry out their duties. During this inspection we found partial improvement. We found care plans were not consistently written in conjunction with people or their representatives. Care plans and risk assessments were staff led. During this inspection, we found partial improvement. We found audits had identified areas where improvements were required, but the necessary actions had not been implemented within a reasonable timescale. During this inspection, we found the required improvements had not been made. People and their representatives were not encouraged to provide feedback on their experience of the service. During this inspection, we found partial improvements had been made. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gallaudet Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Gallaudet provides accommodation and care for up to eight adults with hearing impairments who may need additional support for conditions such as autism, learning or physical disability or their emotional development. At the time of the inspection, seven people were living in the home.

There is a registered manager in post. 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 registered manager did not always report allegations of abuse to the local authority safeguarding team. Not all staff had a clear understanding of what may constitute abuse and how to report it. The provider's safeguarding policy was out of date and staff safeguarding e-learning was also out of date.

Staff had not been provided with the required number of fire drills and had not had the required fire training in 2017. Some staff did not understand why the fire alarm consisted of different coloured strobe lights.

Staff were not always fully supported to ensure they understood care plans, systems and processes within the home. People were not always given the information and explanations they needed, at the time they needed them.

Staff had mixed views about whether there were sufficient staff to meet people's needs. Staff numbers impacted on the activities people were able to participate in. Staff had not received regular training to give them the skills, knowledge and experience required to support people with their care and support needs.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home.

Systems and processes for managing medicines were reliable and appropriate to keep people safe. Medicine audits had been introduced monthly.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they supported and provided a personalised service. However, people's privacy and dignity were not always supported. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

People did not contribute to menu planning. Kitchen records were not maintained daily. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. However, people's appointments could be postponed due to the lack of interpreters.

Three staff told us they did not always feel supported by the registered manager were not listened to.

The Head of Service undertook audits to review the quality of the service provided, however these did not always lead to the necessary improvements to the service. The registered manager had not notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 always safe.

People were not always protected from the risk of abuse. The registered manager had not followed safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks.

There were enough staff to meet the day to day needs of people.

People could expect to receive their medicines as they had been prescribed because safe systems were in place for the management of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff did not receive regular training to ensure they had up to date information to undertake their roles and responsibilities. Most staff were aware of the requirements of the Mental Capacity Act 2005.

People were not always supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Staff were not always respectful of people's privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them. They were able to tell us what people liked to do and gave us examples of how they communicated with people.

**Requires Improvement** ●

We saw positive interactions between staff and people using the service. People responded well to staff.

### Is the service responsive?

The service was not fully responsive.

People did not always receive the information they needed; at the time they needed it.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences. However, people were not always supported to complete exercise programmes.

People were not supported to fully participate in activities of their choice.

Concerns and complaints were not managed in line with the provider's policy.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Staff could not safely rely on the home's written policies and procedures to give them accurate information about how to support people's care. Staff told us they were not listened to. Staff told us they did not always feel supported.

The registered manager told us people had been consulted about their views on how the service could be improved, but there was no feedback available for them.

The registered manager had not notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Regular audits were completed but had not identified some of the shortfalls we found.

**Requires Improvement** ●

# RNID Action on Hearing Loss Gallaudet 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.

This inspection took place on 24 & 25 October, 3 & 6 November 2017 and the first day was unannounced. This inspection was carried out by one Adult Social Care inspector who was present all four days and one Registration inspector with hearing loss. We were accompanied by a registered interpreter on one day. Both the registration inspector and the interpreter used British Sign Language.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

We spoke with four people, two relatives, seven staff, the deputy manager, the registered manager and the Head of Service. We also spoke with one social worker who was visiting the home. After the inspection, we spoke with the safeguarding team from the local authority and a technical fire safety manager.

We looked at five staff files, five care plans and associated records, complaints, quality assurance, policies and procedures, training records, minutes of meetings and other management records.

# Is the service safe?

## Our findings

During the inspection in May 2016 we found risk assessments relating to the health, safety and welfare of people were not reviewed regularly. People had not been involved in risk assessments. During this inspection, we found the required improvements had been made.

Staff told us they recorded accidents and incidents and reported them to the registered manager. The registered manager told us, "At least now I'm getting staff to write incident reports. At the moment it's not 100% but it's much, much better." We noted some of these reports recorded incidents when people had been hit by other people but did not record if these events had been reviewed to identify themes or learning which might prevent a recurrence. The registered manager told us the forms were always reviewed, however not all of the accident/incident forms had been completed to confirm this.

Where allegations or concerns had been brought to the registered manager's attention they had not always worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. Some records which showed occasions when people hit each other had not consistently been reported to the safeguarding team. We discussed our findings with the local safeguarding team, and found five instances where the safeguarding team had not been notified of instances of abuse. Two of these were incidents we found in accident and incident records. The registered manager told us, "We're doing safeguarding referrals now."

Not all staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff told us and training records confirmed all staff were out of date for the annual safeguarding e-learning training the provider required them to do. One member of staff said, "If someone were hit, it would depend on the severity of the blow whether staff would report this or not." The provider's safeguarding adults' policy stated it was the responsibility of all staff to report any allegations or suspicions of abuse. The registered manager said, "We look at incidents first and we decide if it's a safeguarding matter." However, staff also said, "We're all trained in different types of abuse. We report any concerns to the senior or the manager and write a report" and, "I would report to safeguarding straight away if I thought someone were being abused." The provider's policy for safeguarding was out of date because it was based on 'No Secrets', which was replaced with updated guidance in 2015. The registered manager told us the provider had a department who were responsible for updating policies. After the inspection, the registered manager told us staff had access to updated policies electronically.

This was a breach of Regulation 13 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Although some staff had certificates for fire training and records showed all staff completed training throughout 2016, fire training had not been refreshed at regular intervals throughout 2017 in line with the provider's policy. As a result, staff told us they did not understand the system in place. The site had recently had a new fire alarm system installed which included the provision of strobe lights. The system was zoned and if the fire alarm activated within the home, then all strobes within the home would flash simultaneously.

However, staff and people told us they did not know what the different colours of the lights meant. Two members of staff were concerned they would not know if people needed support and told us, "I have not been told what the different colours of the alarms mean. I have to keep checking the fire alarm on the box system in the office. If staff [meaning deaf staff] are in the kitchen or watching TV they won't know the alarm is going off" and, "I've not been told anything about the colours of the lights being changed from red to white, I suppose it's for people who may be colour blind."

We asked staff how they summoned help if they worked alone at night. They told us they would have to send a text from their own mobile phones. Staff told us that staff from other units on site were available to assist if required. One member of staff said, "If anything happened staff from other areas would come to help. I would prefer to have a sleep-in member of staff as back-up." The fire risk assessment did not describe how an evacuation would be managed by a single member of staff (at night) with four of the eight residents requiring assistance from bed. There were no records of fire drills and the registered manager confirmed none had been carried out since she took over earlier this year. One member of staff said, "I've worked here two years and never taken part in an evacuation. The fire safety file identified that alarm bells, bed vibrators and emergency lighting should all be tested weekly. Two people told us they did not have a bed vibrator, and said they had not been asked if they would like one. One person told us they had always had one before moving into the home. The fire risk assessment had been carried out in 2013 and annotated that it had been reviewed in 2016 and 2017. A technical fire safety manager told us, "This is acceptable as no significant changes have been made."

Staff told us about their concerns when people using wheelchairs accessed the kitchen. Staff said, "The kitchen is not wheelchair friendly because the counters are too high for people", "Staff prepare, cook and wash up, people in wheelchairs can't prepare because the counters are too high, we've mentioned this to the manager." During the inspection, we observed one person in a wheelchair making a hot drink for themselves. They lifted a kettle containing hot water from above their head height to be able to do this. We fed our observation back to the registered manager. Staff told us they had raised concerns about the systems and processes in place. They told us, "I wouldn't know if someone needed support while I'm with another person", "There is only one response unit which is in the office, so if people call for help, deaf or hearing staff can't hear the response unit", "I have to sit and watch the response unit or check it every 15 minutes, because I don't know if people are walking around" and, "The day to day way the service is run isn't safe. Two members of staff brought up their concerns, but nothing has happened."

This was a breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff had mixed views about whether there were sufficient staff to meet people's needs. Some staff felt there were enough staff but the rotas were not planned very well. Staff said, "Sometimes when we arrive at 7am there are not enough female staff, there might be three men on duty, and we have to wait for a female member of staff", "We have the same problem at night, for example if people want to go to the toilet" and, "Sometimes I think staff haven't got time to talk to residents." Staff told us how staffing impacted on activities people were able to do. Comments included, "People's activities depend on what staff are doing." Staff also said, "There are minimal activities, not enough staff", "We can get extra staff in to support activities", "People go out at least once and have their own timetables" and, "Staffing levels are sufficient for staff to plan and support activities." Other comments included, "If the rota was different we could do other things" and "Only one person can go out with a client at weekends because of the rota", "Throughout the week there are enough staff; we need more at weekends to get people out socialising" and, "Weekends are a bit of a problem." One relative told us, "They've got new staff who are more committed to the service, more deaf staff." Our observations were that there were enough staff on duty to provide the day to day care



people needed in the home, but people had to plan when they wanted to go out to enable staff to be booked to support them.

The rotas showed agency staff were used; however the registered manager confirmed they used regular agency staff who had worked at the home before. One person's care plan noted agency staff were not to be left alone with them. However we noted an agency member of staff worked alone one night during the inspection period. We raised this with the registered manager who told us, "The agency staff are aware of people's needs. Staff are given a thorough handover and other staff are available from other units." One relative confirmed the high use of agency staff and said, "There are agency staff here every day." The registered manager said, "There were between four and six vacancies when I first came, this is now down to two. Some staff who had left have come back."

Risks to people were identified using assessments. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Staff said, "All staff observe risks, we do risk assessments and monitor people's welfare." Where people used sharp objects such as screwdrivers or scissors for art or craft, there were risk assessments in place for these activities. Staff also had guidance for supporting people who may become anxious. Both the care plans and risk assessments we looked at had been reviewed regularly and most had been signed by the person concerned.

The service followed safe recruitment practices. Staff told us they had attended interviews and their backgrounds had been checked. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

There were safe medicine administration systems in place and people received their medicines when required. People's medicines were administered by registered staff who had their competency assessed on an annual basis to make sure their practice was safe. Staff told us that when the registered manager changed the medicines supplier, staff had their competency to administer medicines re-assessed. Because the home had recently changed to a different supplier, there had not been any external audits completed.

Staff told us how they would know if someone were in pain and said, "Sometimes people's body language gives it away, other people you can see pain or unhappiness in their eyes, other people might twitch or turn away", "We have to watch some people's body language to see if they're in pain, and some people can say" and, "Sometimes we use a body map, especially if someone has had an accident, then they can point to where the pain is." One member of staff also said, "There's a lack of guidance for when people are in pain, we have to get to know them."

There were suitable secure storage facilities for medicines; people had their medicines in locked cupboards in their rooms. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an 'as required' basis. These were appropriately recorded. Staff knew about food and drink one person needed to avoid because it would adversely react with their

medicine. This was also clearly recorded in their care plan and medicines record.

Shift plans identified the activities planned for people and the staff allocated to support them. The shift rotas also prompted staff to do medicines, check fridge temperatures, health and safety checks and cleaning. People's care plans identified how many staff should support them with activities; for example the shift plans stated some people required two staff to support them off-site, but only needed one member of staff to support them on-site.

Staff had guidance in place for dealing with emergencies such as flooding, failures of utilities such as water or electric, staff sickness and infection control. Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is a bespoke 'escape plan' for people who may not be able to reach a designated place of safety unaided or within a satisfactory period of time in an emergency. The PEEP's did not specify how people should be supported at times when there was only one member of staff on duty during the night. Alternative accommodation in local hotels had been identified should the home need to be evacuated.

A number of maintenance checks were carried out by the maintenance team. There were up to date certificates covering the gas and electrical installations and portable electrical appliances. The provider told us, "The testing of appliances is due in April 2019. Legionella testing is dealt with by the properties team; I believe the inspections are done and we're just waiting for the report. Water temperatures are done by the registered manager and staff team in line with weekly checks. There is an annual boiler inspection."

# Is the service effective?

## Our findings

During the inspection in May 2016 we found people's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005 because people were being inappropriately deprived of their liberty. During this inspection we found the required improvements had been made. Staff did not receive regular training and supervision to enable them to carry out their duties. During this inspection we found partial improvement.

People were not involved in menu planning. One person told us, "I like the food, but we don't have any choices; staff choose. Every Saturday evening staff do the menu." Staff confirmed they did menu planning and said, "We do different menus every week and try to involve people. This went wayward; previously people will have picked the menus for a week at a time. We're trying to get back on track"; "Staff do the menu planning. We've not generally given people choices" and "People are happy to have what's offered." One member of staff told us people could say if they didn't like a particular meal and said, "People can have something different, we sometimes cook two or three dishes a day." One person told us, "I don't like curry so I have fish and chips instead." The menu for the week consisted of fish fingers, lasagne, chicken curry, fish and chips, quiche and a roast dinner for Sunday. We asked staff if they thought this was a nutritious menu, staff said, "No, I don't think so" and, "It doesn't have the required 'five a day'."

Three people were unaware they could ask for snacks. One person told us they would like something before going to bed and said, "We can't have late snacks, for example 10pm, and can't ask for a sandwich if it's late. We can make a cup of tea, but there are no biscuits." Other people said, "We have tea at 5pm and can have a sandwich after work, but there's nothing else" and, "We don't have cake or biscuits freely available." Another person told us they enjoyed helping staff to cook. Staff said, "There is a coffee shop on site and people can get there alone", "People buy their own cakes and biscuits", "People have access to the fridge and food" and, "Most people have snacks in their bedrooms. Snacks such as Baby Bels, yoghurt, fruit, cereal bars and crumpets are available."

Kitchen records showed that staff were not recording fridge and freezer temperatures daily. One fridge temperature record showed the fridge had been ten degrees centigrade, but there were no records of any actions having been taken. One fridge in the kitchen had bits of food at the bottom which had not been cleaned up. Food stored in the fridge had been labelled with the date of opening, however food stored in the freezer was not labelled. Staff said, "Mondays, Thursdays and weekends we do a food shop, food is checked then and thrown out."

This was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff did not have access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff said, "We don't have specific guidance for looking after people who've had strokes, or people with conditions such as cerebral palsy or epilepsy", "We've no guidance how to support someone who may be at risk of a stroke, only what we see on TV adverts" and "We've got someone here with autism, but not had any training about this." Records showed, and the providers audit from August 2017 confirmed that 50% of staff did not have the required internal training, for example staff were expected to complete

training regarding understanding learning disabilities; only three out of 17 staff had completed this. Safer people handling was required by the provider to be completed every three years, some staff had not done this and those that had, their training was out of date. The registered manager said, "I'm aware staff training is out of date. I have plans to put training in place."

This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

New staff were supported to complete an induction programme before working on their own. They told us, "I'm doing the Care Certificate." The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people. One member of staff told us they were being supported to complete a management level qualification and said, "I can do it in work time."

People were always asked for their consent before staff assisted them with any tasks. For example, one person was asked if they were happy for their chair to be replaced when it was broken.

Most staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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. Not all staff had completed MCA and DoLS training and some staff told us they didn't fully understand the MCA and DoLS; however they checked everything with the registered manager or other staff. Staff said, "We know about the five principles of the Mental Capacity Act" and, "It's about presuming capacity, about capacity being relevant to the decision being made, about giving people choices, best interests and least restrictive options." Staff said, "We check people's understanding of risks, such as 'If you do that, then this will happen' and find out what they understand" and, "Day to day people make their own choices, for example choosing their own clothes. We might guide them if they've chosen something that is not weather appropriate."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had a DoLS authorisation in place.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting involving relevant people will make a decision about the care and welfare of a person who has been assessed as lacking capacity to make the decision for themselves.

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest decision was carried out. The registered manager was in the process of organising a best interest meeting for one person. Staff said, "It depends on a person's capacity what the best interest meeting is about, such as if someone is able to make decisions about their health" and, "People can make their own decisions and can take risks; we support them to manage the risk."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff

told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have supervision at least every three months." Staff told us they felt supported by the registered manager, and other staff. Comments included: "The registered manager is very supportive" and, "The registered manager will help at the drop of a hat." The registered manager said, "We need supervisions more regularly." The Head of Service told us, "Staff have regular supervision every four weeks, although managers are available any time they're on site." This meant if the home's registered manager was not available, staff had other managers they could speak with. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

When people had appointments with health care professionals these were recorded in care plans. For example, one person showed staff they were finding some movements difficult. The person was referred to a physiotherapist and an occupational therapist and some equipment was changed to make things easier for them. The registered manager said, "We've got professionals involved now, they weren't involved before." A visiting social worker told us, "I like to see places before I place anyone" and, "This is a lovely service. Really nice staff, down to earth, I'm really impressed."

## Is the service caring?

### Our findings

People's privacy and dignity was not fully respected by staff. One member of staff walked into one person's room while we were talking with the person, without any notice. Staff said, "We've got push buttons to flash a light to warn the person someone is outside, generally we push these and wait a minute", "We flash the bedroom light and wait" and, "We should respect people more." Two people told us they would prefer to get undressed for a shower in the shower room. One person was undressed for a shower either in their bedroom or a toilet, covered with a towel and taken across the corridor to the shower room. Another person told us they were got ready for a shower in their room and wore a robe to the bathroom. Staff told us this was because the floor of the shower room was slippery. We raised this with the registered manager, who told us, "The person only goes a short way across the corridor. It's difficult in the shower because there's no room. I need to budget to make the shower more accessible." People were given their medicines in the dining room. Staff said, "I think [name] doesn't mind where they have their tablets. It's easier at the table as they do drop them anywhere else." We asked the person where they would prefer to be given their medicines; they told us they would prefer to have them in private. Staff we spoke with said that their understanding of showing respect for people's privacy and dignity included making sure people were covered when receiving personal care. The provider said, "We cover privacy and dignity in internal training as well as other training such as the Care Certificate, staff supervisions, staff meetings and key worker meetings" and, "We will address any lack of privacy and dignity if seen."

Staff said, "One person likes a TV programme specifically for deaf people, the BSL zone, but it's not recorded so they can watch it during the day." The home celebrated Christmas, Easter and Halloween and had twice yearly open days for families and friends. People had access to a monthly magazine to inform them of these activities.

A visiting social worker told us, "I like the ambience of the home, they're person-centred. It's calm." A relative told us, "It's very quiet in the home, flat atmosphere" and, "Staff are kind and considerate." The registered manager told us, "Staff are caring and supportive." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy with them. We saw that staff were attentive and had a kind and caring approach towards people.

Staff knew people's individual communication skills, abilities and preferences. People's communication care plans identified their communication needs and how they preferred to communicate. For example, using sign language, written communications or pictorial methods. One person's care plan identified how they communicated and noted they used signing which was unique to the person, however, staff were able to interpret. Another person's care plan noted that sometimes if the person didn't answer, it was their way of saying 'no'. Staff said, "Some new staff don't sign properly, but they get there in time" and, "Sometimes staff signing isn't clear." A visiting social worker said, "I like the way staff communicate with people, they don't walk past them. I particularly like the way staff communicate; their body language matches what they're saying."

People told us, and some staff confirmed, staff opened people's letters for them. One person said, "Why do

staff open my letters? It's my business, I should open them myself." Staff said, "When people get hospital letters they open them, and we ask them if they understand what the letter is saying. If not, we try to explain using pictures or signing. Some doctor's letters are difficult to explain", "Some people can open their own letters, some people can't open them. Normally we open letters for people if they can't" and, "If it's sensitive information we've agreed staff should open letters first." People's care plans did not have information to say people had consented to staff opening their letters for them or not.

Staff told us how they gave people as much choice as possible. For example, people were able to choose the colours and decorations in their bedrooms. People's bedrooms were personalised and decorated to their taste. One person said, "I like my room, things are where I want them." People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. A visiting social worker said, "They ask people what they want, they don't just make changes without talking to people first."

We saw in each care file there was a comprehensive profile of the individual including their likes and dislikes. For example, one person's care plan noted that being supported by non-signing staff could cause the person distress. There were always staff on duty who were able to sign. All staff spoken with demonstrated they knew people's preferences.

Staff were aware of people's sexual orientation and other needs. Staff said, "As long as [name] is safe we leave them so they can have private time." However, people's need for private time was not always respected, for example if people wanted private time at a time which clashed with a planned activity.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. Staff made sure they could not be observed by anyone outside the conversation when they were signing by closing blinds and turning away. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's documents were stored in the office but at the time of the inspection the cupboard lock was broken. The office was not always occupied by members of staff, but if required could be locked. However, there were times during the inspection when we found both the office and cupboard unlocked, which meant people's private information could have been seen by unauthorised parties.

People sometimes had their appointments and treatment they needed from the hospital or doctor postponed. Booking interpreters is the responsibility of the doctor's surgery, clinic or hospital. However, staff were not given clear guidance about how to support people if their appointments were postponed. There was a risk some people may suffer pain and discomfort while waiting for hospitals or doctors to book interpreters. Staff said, "Getting interpreters is a problem", "If we feel people need an interpreter we'll ask the hospital or doctor to book one" and "If an interpreter isn't available I wouldn't feel confident to say anything, I would probably ask them to re-arrange the appointment." Other comments included, "I've never come across a situation where we've been asked to make a complaint on behalf of the person", "We've not been told to make a complaint and "I don't think I could complain, it's not 'me'." Another member of staff confirmed this and said, "If people have any hospital or doctors' appointments they're not asked about their preferences for interpreters and their appointments may be postponed. We don't make complaints if interpreters are not booked."

Staff also said, "We want to work with people but there are times when we can't communicate and need specialist interpreters" and, "In an emergency we have to try and get an interpreter, and have to do our best if one is not available and go through things later with an interpreter." The registered manager said, "Staff need to be very clear if they're interpreting; we're not always able to interpret specialist situations such as

medical conditions, but we know the person's communication needs and abilities. That's why we always ask for an interpreter" and, "There have been commissioning issues and hospitals have had to re-book appointments because there are no specialist interpreters available." The provider told us, "Staff are not aware what to do if no interpreter is available." The provider assured us they would raise the matter with the registered manager and staff during a staff meeting. The provider said, "Staff are not there for communication support, they're there to support the person's well-being; the hospital or doctor has to get the support the person needs."



## Is the service responsive?

### Our findings

During the inspection in May 2016 we found care plans were not consistently written in conjunction with people or their representatives. Care plans and risk assessments were staff led. During this inspection, we found partial improvement.

People were not always given the information and explanations they needed, at the time they needed them. One person told us about a procedure they were going to have and how they were looking forward to this, because they hoped it would relieve their pain. They said, "I don't know if an interpreter has been booked." However, the registered manager told us the person wasn't going to have the procedure when they thought they were. One person said, "I'm involved in my care plans a little bit, but I want to know more."

Staff told us they were aware of people's dietary needs and preferences, and had all the information they needed. People's needs and preferences were also clearly recorded in their care plans. However, one person's care plan showed they were below their ideal weight and they appeared to be very thin. Their care plan recorded they should be offered three meals a day as well as snacks, to use full-fat milk and have their food enriched. Records did not show these were being offered. A member of staff said, "[Name] doesn't eat very well. They go weeks when they will only eat snacks." We did not see the person had been weighed weekly as stipulated in their care plan and asked the registered manager to provide more information. The information provided by the registered manager after the inspection confirmed the person was underweight and had not been monitored as stipulated in their care plan.

People's care plans did not always show appointments with healthcare professionals were followed up. One person's care plan noted they had not had a dental appointment for three years. We raised this with the registered manager who said they would investigate and share their findings with us. This person's care plan also noted they needed an optician's appointment. The registered manager said, "There's a problem with the opticians, they've got a step so the person can't access them." After the inspection, the registered manager told us the person was in the process of being re-registered with another dentist and an accessible optician.

People were not always supported to complete exercises professionals had deemed necessary. Two people's care plans showed they should be supported to complete exercises. There were gaps in records and staff confirmed exercises routines were not consistently followed. Some staff were unclear where these should be recorded. Staff said, "[Name] needs the exercises to build strength in their muscles. Sometimes they say they're too tired, and I record this, but some staff don't record this", "I want all the staff to support [name], some staff wait to be asked" and, "The manager said they'd sort it out." The registered manager told us people's exercise programmes were monitored on shift plans and that shift plans were checked every day. We found some records had been completed on shift plans and other records completed on exercise records in the MAR file (Medicine Administration Record). The registered manager said, "We've got very fragmented paperwork. I want the paperwork to be simple and easy to do, so staff can do it."

This was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Some records had not been updated regularly. People had health plans which gave staff guidance for people's skin care, eating, drinking, sleeping and emotional needs. One person's monthly weight, temperature and blood pressure records had not been done monthly, which meant if healthcare professionals needed information to help with their assessment of the person, this information was not available. Other records were kept for the person's activities, medical appointments and anything the person wanted to talk about, such as their art work, food or workshops. These records had not been updated since July 2017, although they had been completed monthly prior to this.

Staff did not always have guidance about the treatment some people needed. For example, one person's care plan identified they had a 'red area'. There was no guidance for staff how to manage this. The registered manager said, "It's very obvious where it is." Staff we spoke with knew the person and how to support them with this.

The registered manager told us, "People have very complex needs; we're trying to keep up with the reviews and assessments." All staff agreed the paperwork needed to be improved and told us, "The paperwork is terrible", "There is so much paperwork, so much that you shut off. I do it a bit at a time", "Paperwork needs improving" and "Paperwork is one of our weaknesses." Staff told us the consequences of the paperwork they had to complete impacted on the work they were able to do and said, "I can do some of the things in the care plan, but I need an interpreter for some things", "If there is no interpreter for deaf staff we don't have the information we need" and, "I need to know what's going on to support the client." The registered manager said, "I'm aware paperwork needs to be improved" and, "There is work to do so we don't have information in 15 places."

This was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

People were not always supported to follow their interests and take part in activities they enjoyed. Two people told us there were times when they were bored. One person told us, "I'm bored. I don't get out very much." They told us they were able to take part in activities two days a week, and said, "Three days a week there is nothing to do." One relative told us, "We had a meeting nine months ago when I said I was unhappy and they said things would improve. [Name] was promised a lot more. Things have only started happening in the last two weeks." Staff confirmed people's activities were governed by staffing and said, "Activities are boring", "Some staff don't grab the opportunity when there are plenty of staff to go out", "Some staff don't have the confidence to support people, so people don't go out" and, "People need something else instead of just pub meals." Staff also said, "We need some indoor games for when the weather is wet or windy", "We have a computer game but we can't use it because it doesn't connect to the TV" and, "People don't have enough to do, all they've got is TV and staff to talk to." The registered manager said, "I'm challenging the culture and the way staff are working; it's a big task."

Activities identified for people included massages, woodwork, hydrotherapy, music and trips out, however these were not all taking place. Staff told us they had suggested activities and said, "I think we'd benefit from an activities person, even if only for two or three times a week" and, "We've got four people who enjoy art and have asked several times for art materials." One person told us they used to enjoy going swimming and going to the gym and said, "There's nothing now. I miss it." At the time of the inspection, we found one person had not been able to take part in three planned activities; two of these had been cancelled. The registered manager said, "There have been challenges around providing activities for people."

Staff told us people did not have opportunities to take part in house meetings. The provider's action plan from August 2017 noted the management team should develop house meetings for people at least monthly,

with a plan to move towards weekly opportunities. The action plan noted there had not been any progress with this. Staff said, "People have a monthly meeting with their key worker when we review their care plans." Staff said this was also an opportunity to discuss people's likes, dislikes or concerns. Staff said, "If people have said they're not happy with something, we action this immediately." Staff gave an example of when this had happened.

People were not always able to make choices and have as much control and independence as possible. This was because there was a limited group of interpreters available to support people.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Each person's care plan described the care and support they required and how staff should provide it. Information was also included about who the important people in their life were, how they communicated, what medicines they took and what daily routines they had. Monthly summaries were written for each person by their key worker. Staff said, "We have a monthly consolidation meeting where we sit in a private room, make notes and ask people what they happy or not happy about. We can record this using pictures or writing" and, "During the consolidation meeting we can talk about Christmas and birthday presents, outings, doctors' appointments and money." People had not been able to have these meetings recently because of changes to their keyworkers. The consolidation files we saw had not been updated since July 2017, although they had been done monthly prior to that.

We saw people had been assisted to complete key information documents about "what is important to me"; and "how best to support me". The information in these documents was held together with a summary of health needs and were sent with an individual when they attended hospital. This meant that full and necessary information was shared with other professionals at key times to ensure all care needs were appropriately met.

The care staff we observed supporting people clearly knew them well and understood their needs. There were behaviour plans in place for some people. These identified how staff could and should respond to any behaviour which they found challenging. This may include aggression to staff or others, distress and agitation. We asked staff about this and they were able to demonstrate an understanding of distraction techniques. Staff showed an understanding of how to respond to behaviours which may cause harm to the individual or others. For example, staff said, "We might leave people to calm down, make the area safe and leave them. Approach them later to ask if they're ready to talk. We'll sit with a cup of tea and talk when they're ready, we give them the time they need." One person's care plan contained minutes of a review meeting; these showed the person and their relatives had attended a meeting with the registered manager and staff with communication support in place. Staff said, "I would expect other professionals to be involved" and gave us examples of when professional guidance was sought. Staff said the professionals involved had identified different strategies that might be used, and staff were aware of these.

People and their families had been made aware of the complaints procedures. Staff told us, "If people are unhappy with anything we have a chat in a private space, if we can't sort it out we ask if they're okay about talking to management" and, "I can deal with small grumbles myself." There had been one complaint received in 2017, however this had not been dealt with in accordance with the provider's policy. The policy said for complaints to be recorded online so a clear audit trail if kept of information received, sent and reviewed. Each complaint should be given a number so relevant information can be traced. There were timescales for formally acknowledging complaints and completing any investigations. The complaint we saw had not been logged on the system. The provider's audit completed in August 2017 noted, "Ensure all complaints, grumbles and compliments are uploaded to the feedback online system."

## Is the service well-led?

### Our findings

During the inspection in May 2016 we found audits had identified areas where improvements were required, but the necessary actions had not been implemented within a reasonable timescale. During this inspection, we found the required improvements had not been made. People and their representatives were not encouraged to provide feedback on their experience of the service. During this inspection, we found partial improvements had been made.

The registered manager had not notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. During our conversation with a local authority safeguarding team, they told us about seven notifications of alleged abuse which had not been notified to us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

People were not supported to give feedback to the service in a way which enabled the registered manager to identify areas people wanted to improve. The registered manager told us they sought people's feedback via surveys. However, people had not received any feedback from the last survey. The registered manager showed us an email from June 2016 which confirmed surveys had been completed, but said the surveys did not refer to exact services. This meant it was not possible to identify if people were satisfied or dissatisfied with the service. The provider told us people's views were listened to when managers met people during validation meetings and when daily notes were written up, because they wanted people to contribute. A member of staff said, "People are entitled to their views."

The provider's 'Gifts and Hospitality Policy for Staff' policy did not give clear guidance what people were expected to pay for when staff accompanied them out. It is not uncommon for people to have to fund some staff expenses but that should be clearly stated in the policy. As the policy was written, staff were not adhering to the requirements. The policy stated, "Employees, volunteers or contractors must not accept gifts, hospitality or other benefits or services that would place them, or be perceived to place them, under an obligation or compromise their judgement and integrity." The policy further stated, "Lavish offers of hospitality, such as meals, day trips or free entrance to public events should be refused." One person's care plan included goals they wished to achieve, which included attending hydrotherapy sessions. The person's actual activity record showed they had not been to hydrotherapy, but instead had taken staff out to lunch or bought treats such as cakes six times in October, four times in September and seven times in August. After the inspection, the registered manager told us the hydrotherapy pool had been under repair so had been regularly out of use. When people were supported by two staff in the community, they paid for both staff. The deputy manager confirmed people paid for staff meals and activities when they went out. The registered manager showed us the records people were asked to sign where they agreed to pay for staff when they took part in individual activities. We asked the registered manager to send us any agreements they had where people had agreed to pay for staff, but we did not receive any.

Audits had not identified where errors had been made recording financial transactions. We found one occasion when one person had paid for four people to attend an activity. We asked the registered manager

about this, who said the cost should have been split between two people. They refunded the amount to one person and deducted the required amount from the other person. All receipts should be clear what they are for and who has paid for them, however this was not done. Without clear audits and recording vulnerable people may be at risk of financial abuse.

Staff told us there was a lack of guidance for them around policies and procedures and some information in care plans. Staff said, "I need some information interpreted for me", "The policies are not deaf-specific", "We get half the information" and, "If I had full information and guidance I could do my job properly, I'm not confident about some things." Other comments included, "We've made suggestions and not been listened to" and, "It's difficult for the team to get the right support from the manager."

The provider completed validation visits to undertake quality assurance monitoring. Not all quality assurance checks to monitor care and plan on-going improvements were effective. The registered manager had information about quality audits online. These included monitoring training provided for staff, health and safety, incidents and accidents. We saw that where shortfalls in the service had been identified actions had been identified but had not always been taken to improve practice. For example, the provider had identified the training staff required, but had not made the required training available. Although the provider's audit from August 2017 noted staff should ensure all 'complaints, grumbles and compliments should be recorded', this was not being done. The August 2017 action plan included a requirement for more regular fire evacuation practice and said day staff should have two practices per year, and night staff should have four practices per year. These were not being done. The provider's August 2017 audit had not identified that people were paying for staff meals, contrary to the provider's policy and had not identified the errors we found in recording people's monies.

This was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

The validation visit from March 2017 identified shortfalls in training and set fourteen actions to improve. The validation meeting in August 2017 noted that five of these had been completed, five were on-going with some improvement recorded and four actions remained outstanding. There were other audits and checks in place to monitor safety and quality of care. For example, the provider's audits from August 2017 identified that monthly medicines audits were not being completed and these should be commenced immediately. These were in place at the time of our inspection. The August 2017 action plan also noted the improvements the registered and deputy managers had made with regards to understanding MCA, DoLS and best interest meetings. The Head of Service told us, ""We have fidelity checks where the management of petty cash is looked at twice yearly. We also have validation meetings which are done every three months. An action plan is created which is followed up at the next meeting, and if the action isn't complete we ask why. We expect actions to be completed within six months. We check the documents we use are person centred and not for the benefit of the organisation."

Staff told us they made suggestions but were not listened to. Staff said, "The RNID email all staff annually, we had an email last summer, but we've not had any feedback yet", "We've given a lot of thought to what people need, such as toilets and bathrooms having automatic doors so people can press a button and go to the toilet; people have to ask staff to help", "The lighting in the hallway is very poor, we can't see people signing because it's dark, deaf staff have to get close to each other to get the information" and, "They won't make any changes, it's all down to money." Other comments included, "We brought all of this up weeks ago" and, "I don't feel valued because I'm not listened to." Staff meetings had been held regularly. These enabled staff to discuss the people they supported and any updates from the registered manager. Interpreters were booked for staff meetings to enable deaf staff to be fully included in the meeting.

Staff had mixed views about whether they felt supported by the registered manager and said, "We're not 100% supported. The manager and deputy are lovely but the manager is shared with another home, I prefer the manager here because we'd have advice on the spot", "Some days were supported some days not; some days it's difficult to get someone we can ask questions." "I'm concerned the registered manager isn't present often" and, "There's always an on call manager when the registered manager isn't here." Other comments included, "The registered manager is good. No matter how much of a busy day or stressful situation, she'll drop everything to support us", "I'm definitely supported, this is the best place I've ever worked in for being able to go to management." The registered manager said, "I'm passionate about working with people and committed to get it better" and, "I think staff will say they have some support now."

The registered manager told us, "I came here at the end of March 2017. The areas I needed to focus on were leadership because people were having a hard time, putting monthly staff meetings in place, updating care plans and putting one to one meetings for staff in place." The provider told us, "I'm pleased with the registered manager's performance. She's been here six months and got a lot done. The environment was neglected, there are processes and paperwork being put in place. It's going to take more than six months but [name] has a plan."

Staff took part in handover meetings when shifts changed. Handover between staff at the start of each shift should ensure that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. However, staff told us, "Handovers are sometimes rushed", "Sometimes not all staff are involved in the handover so they miss a lot of things" and, "Handover communications need to be polished up to share the information, there are some gaps." Handover sheets recorded information about people's medicines and their well-being as well as identifying any activities people were doing. These handover sheets were available for staff to read. Staff said, "I check the communications book and the diary to check I don't miss any appointments. Sometimes people miss workshops because staff haven't checked the diary."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager said, "Staff were leaving because of what was happening" and "I'm really committed to get this home where it needs to be; I've got the staff and I've got the experience and I've got good support from my manager and colleagues." Staff said, "Last year staff morale was very low, it's getting better but could still be better", "The team is closer now and we work together", "Teamwork is fantastic, we share information, are professional and have good communications" and, "Coming from where we were and where we are now, it's miles ahead." Other comments included, "I love what I'm doing. I couldn't ask for a nicer setting", "I love where I'm working", "I really care for the people I support" and, "I love working in this role." Staff also said, "I've got everything I need", "Staff remain professional no matter what the circumstances" and, "I'm proud of our team." The registered manager confirmed this and said, "I had a team in complete disarray." The provider said, "I'm impressed with the communications between staff and very positive about how they share information."

The registered manager had a clear vision for the home and showed us a poster in the hall where they were displayed. The values were based on the Commission's five key questions and reminded staff to provide safe, effective, caring and responsive care. They told us their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Some staff we spoke with were aware of the values of the organisation and said, "It's about treating everyone with dignity and respect and promoting people's independence", and "Working in a person centred way." Other staff said, "I don't know what the values are but think they're around independence", "The values are how we will support people to achieve, but this statement is not true." The provider told us, "Our vision and values is to promote as much independence as people can have, so people don't come into care and get lost" and, "It's very much about

people being involved; people are involved in recruitment and decision making."

A visiting social worker said, "I can't fault it, there are no weaknesses. They recognise areas they see as weaknesses." This professional person also told us they felt the way staff managed people's transition from other homes into this home was managed well. They said, "I arranged an assessment and the person wants to move on [date]; staff were very accommodating. They've given the person the information they needed and done a basic care plan."

The provider's website had not displayed their previous inspection rating. We pointed this out to the Head of Service, and they immediately made changes so the ratings were displayed.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager had not notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Service users did not receive care which met their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not provided in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Service users were not protected from abuse and improper treatment in accordance with this regulation.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good



personal care

governance

Systems or processes were not operated effectively to assess, monitor and improve the quality and safety of the service.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate training in order to meet the requirement of this Part.