

The Royal National Institute for Deaf People RNID Action on Hearing Loss Barron Winnicott Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 23 September 2016 and was unannounced. When the service was last inspected in September 2013 there were no breaches of the legal requirements identified.

Barron Winnicott is registered to provide accommodation and care for up to nine deaf adults who may need additional support for conditions such as autism, learning or physical disability or their emotional development. At the time of our inspection there were eight people living at the service.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People's medicines were managed and received by people safely. Staff had received training in 'Care of Medicines'. People had the right to choose to manage their own medicines if they wanted to, with appropriate support from the service.

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the service.

People were protected from the risk of abuse. Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults.

Risks to people were assessed and where required a risk management plan was in place to support people to manage an identified risk and keep the person safe.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

Staff understood the importance of promoting choice and empowerment to people when supporting them. The service enabled people to make their own decisions and assist the decision making process where they could.

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people.

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them.

We observed that people were treated with kindness and compassion by the staff. Staff were committed and passionate about their role.

The service was responsive to a person's needs. A care plan was written and agreed with individuals and other interested parties, as appropriate.

The service reviewed the person's activities, aims and objectives annually. They sought the person's views on the service provided and future goals. People were actively encouraged and supported to be involved in making decisions about their educational programme.

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

Staff felt well supported by the registered manager. Staff were confident and knowledgeable of all aspects of the service. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns.

Through regular care plan meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided.

To ensure continuous improvement the Head of Service conducted regular compliance audits. They reviewed issues such as; attendance, risk assessments, fire safety, day to day maintenance and health and safety checks. The observations identified good practice and areas where improvements were required.

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.

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

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the service.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Is the service effective?

Good ●

The service was effective.

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people.

People's rights were upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves.

Staff understood the importance of promoting choice and empowerment to people when supporting them.

Is the service caring?

Good ●

The service was caring.

We observed that people were treated with kindness and compassion by the staff.

People were supported to be independent, as far as possible.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive to people's needs.

A care plan was written and agreed with individuals and other interested parties, as appropriate.

The service reviewed the person's activities, aims and objectives annually. They sought the person's views on the service provided and future goals.

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

Is the service well-led?

Good ●

The service was well-led.

Staff felt well supported by the registered manager.

Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support to try new activities. These actions were actively supported by the registered manager

To ensure continuous improvement the Head of Service conducted regular compliance audits. The observations identified good practice and areas where improvements were required.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 & 23 September 2016 and was unannounced. The last inspection of this service was in September 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with five members of staff, the deputy and registered manager. On 23 September we also received an email, text and telephone feedback from four relatives. In order to enhance our understanding of people's experience of living in the service we observed interactions between staff in communal areas.

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

Is the service safe?

Our findings

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the service and were recorded accurately. Staff had received training in 'Care of Medicines'. People had the right to choose to manage their own medicines if they wanted to, with appropriate support from the service. The process involving self-medication was subject to a robust risk assessment which was reviewed at regular intervals.

Staff provided a supporting role and in the main prompted people to administer their own medicines. Internal and external medicine audits were conducted by the service and an external pharmacy. Where concerns were identified the required actions were taken, such as the need to record the temperature of the medicine storage facilities on a daily basis.

The ordering, storage, recording and disposal of medicines were safe and well managed. Medicines were stored in locked cabinets in the person's room to keep them safe when not in use. There were no gaps in the medicine administration records (MARs) so it was clear that people were receiving their medicines in line with their prescriptions. Staff and people signed the MAR form to confirm that the medicines had been taken.

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

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the service. We reviewed the staffing rotas from the 5 September to 18 September and staffing levels were maintained in accordance with the dependency levels of people's needs. We observed that staff were always available if people needed help, such as helping with food preparation and taking people out shopping. Staff we spoke with felt the staffing level was appropriate. One staff member described the staffing level as "very good."

People were protected from the risk of abuse. Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior manager. A recent safeguarding incident had been reported to the registered manager by a staff member. Appropriate actions were taken by the service to resolve the raised concerns.

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

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

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

We reviewed an incident where a person was expressing challenging behaviour. The incident was discussed with the person using pictorial indicators in order to enhance their understanding of the potential implications of their actions. A strategy regarding boundaries was agreed with the person. All staff were mailed details of each incident to ensure they understood potential triggers and techniques of how to mitigate future risks.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as finance management, daily living skills, insulin management and healthy eating. Staff showed a good understanding of assessing hazards; with insight into the likelihood and severity of the risk. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Potential hazards were identified and control measure instructions were provided. One person particularly liked swimming. However, they were at risk of becoming disorientated due to their sensory impairment. There were clear instructions for staff to follow to ensure the person could swim in a safe environment.

People's care and support would not be compromised in the event of an emergency. People's individual support needs in the event of an emergency had been identified and recorded by staff in a Personal Emergency Evacuation Plan (PEEP). A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. The PEEP gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

People were cared for in a clean and safe environment. The home was well maintained and in the main was in good condition. Plans were in place to improve the bathroom facilities.

Is the service effective?

Our findings

People's rights were upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves. People's support plans held information about their mental capacity. Deprivation of Liberty Safeguards (DoLS) authorisation had been applied for where needed. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Applications had been processed for six people.

Staff understood the importance of promoting choice and empowerment to people when supporting them. The service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. Staff told us that significant progress had been made on areas such as finance, nutrition and medicines management. This was evident throughout the care plan assessments. An example of this included one person's goal to lose weight. A mental capacity assessment regarding weight management was in place, with a record of a decision making agreement about how their weight would be managed in the least restrictive way. This enabled the person to take control of their nutritional intake on a day-to-day basis. Pictorial indicators were provided in order to enhance the person's understanding of the impact of their diet on their health. This enabled the person to make informed choices about their diet and how to lose weight. The plan was also clear that if the person wanted to snack this was their decision. The person was provided with support on the importance of healthy eating.

Depending on the specific issues such as medication and care plan reviews, decision making agreements involved the appropriate health professionals, staff and family members. The service would communicate with the family about incidents or decisions that affected their relative. One relative told us; "There is an annual review for [person's name] which one or both of us attend, along with other appropriate representatives. This is a detailed and comprehensive evaluation of all aspects of [person's name] life."

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction training period included training specific to the new staff members role and to the people they would be supporting. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in manual handling, infection control, emergency first aid and mental capacity training had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Up-coming booked training courses included food

safety and welcoming diversity. Additional training specific to the needs of people who used the service had been provided for staff, such as Management of Actual or Potential Aggression (MAPA). All staff were required to have an understanding of British Sign language (BSL).

Staff were supported through a supervision programme held every six to eight weeks. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing their own menus and were involved in the food preparation and used seasonal produce from the garden. People's preferences for food were identified in their support plans. People were observed to have these needs met, such as portion size support. Cultural food needs were also catered for, such as halal requirements. People could help themselves to drinks, snacks and fruit throughout the day.

Is the service caring?

Our findings

We observed that people were treated with kindness and compassion by the staff. Staff were committed and passionate about their role. At the forefront of their consideration was how they could improve people's lives. They told us that they were in the process of trying to access the internet for people and they would like improvements in the provision of transport for people's use. At the moment the service heavily relies on public transport. One member of staff had recently been awarded a Person of Distinction award by the provider regarding their commitment to their role and the people they cared for.

There was a friendly family atmosphere in the service. There was lots of laughter and people were coming and going, as they pleased. One person told us about their impending family holiday and they were excited about their trip. They took us to the arts and crafts room and showed us the ceramic tiles they had been making. One person showed us their bedroom and told us about their love of trains and favourite movies. People took pride in their home and this was supported by staff. One member of staff told us; "[Person's name] is very domesticated and will chastise staff if things are not done properly. She's the matriarch and keeps us in our place."

People spoke positively about the staff. One person told us they particularly liked one member of staff and they had been out shopping with them in the morning. They also told us that staff helped them with their exercises prescribed by the physiotherapist and they went cycling and rock climbing. They told us they were happy. One relative told us; "All staff dealing with [person's name] have been well-trained and have a professional approach to the care and welfare of all their clients."

We observed many positive interactions during the day. People and staff spent a lot of time together in the communal areas. When one person appeared upset staff engaged with them asking them about their concerns and told the person how they intended to assist them. When one person was helping with the dinner preparations they were thanked for helping and told; "That's fantastic."

Where one person had lost their confidence plans were in place to assist them. This included reviewing with the person their day time activities and providing options which involved social contact in a British Sign Language (BSL) supported environment. This increased the person's interaction with people outside the service. It also enhanced their skill development of engaging in a chosen new activity of their choice. Owing to their work with the staff the person has increasingly been more motivated to leave the service. The person is continuing to develop their BSL and exploring more social opportunities with staff members. Staff are also helping the person to become more independent by assisting them to use public transport. Staff hold the view that the person will be able to use public transport by themselves in the future and this will allow them more freedom.

From the observed interactions it was evident that staff members demonstrated an understanding of people's needs. When we spoke with members of staff about the people they cared for they expressed genuine warmth. They were able to describe individual preferences regarding their routines and activities. People were supported to be independent as far as possible. Where appropriate people went out on their

own. Cultural choices were respected such as choice of food, clothes and appearance. One person needed to travel to a certain hairdresser for their hair to be braided and this was enabled by the staff.

People's privacy and dignity was respected. There was a flashing doorbell entry system to people's bedrooms. This signalled to people that a member of staff would like to enter and they decided whether or not to allow the staff member into their room. If people wanted to remain in their room their personal space was respected. People were in the main independent regarding personal care. Staff would only provide assistance when requested.

The service felt homely and individualised to the people that lived here. People had their bedrooms organised to their own personal preferences. Models that people had made and photographs were displayed in the communal areas.

Is the service responsive?

Our findings

The service was responsive to a person's needs. A care plan was written and agreed with individuals and other interested parties, as appropriate. All the relatives we spoke with told us they were involved in care plan meetings and the service liaised with them regarding notable events. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, the person's medication, social and leisure activities, risks, their care and support. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required we found that the service accessed external health professionals such as counsellors, diabetes nurses, the learning disability team and behavioural clinical nurses. One person had recently suffered a bereavement and they were attending grief counselling.

The service reviewed the person's activities, aims and objectives annually. They sought the person's views on the service provided and future goals. People were actively encouraged and supported to be involved in making decisions about their educational programme. This meant their activities programme reflected the ways in which people wanted to be supported. Involving people also informed the service of the activities and stimulation individuals preferred and felt they received most benefit from. The activities that people engaged in were wide-ranging and specific to the individual. They included cycle rides, gardening club, swimming, cooking, ceramics, shopping, rock climbing and music therapy.

Staff worked with people to achieve their goals. When one person joined the service two years ago they were reluctant to leave their room and get involved in any activities. Since then the staff have offered them opportunities and reassurance and they have gradually built up their confidence. The person has become more independent and goes shopping on their own. They also take part in art and craft workshops held at an educational day service. A health professional stated in a recent newsletter; "Since [person's name] has been living at Action on Hearing Loss, he's achieved many goals and learned numerous new skills. The way he engages now is a clear indication of, not only his enjoyment and happiness, but also how settled he is. The staff have helped [person's name] to find his feet, to become a more independent person, and to make choices; they've listened and respected his choices. They've built a relationship based on trust."

A health professional recently complimented the service and stated in their correspondence; 'I saw one of your delightful clients from Baron Winnicott for a learning disability review. I was having a chat with the individual's carers as we were talking about exercise. It struck me that there are excellent episodic activities for your residents to take part in. This individual [person's name] gets to go rock climbing on a monthly basis which is fantastic exercise for her and she thoroughly enjoys.'

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

reassure them and allow time for them to respond. It was important for the person to have things documented in their diary and they had a wall planner to notify them of events. Staff were all aware of the person's routine and the potential of challenging behaviour if they did not follow their documented preferences. Staff were also working with the person to develop their use of British Sign Language and pictorial indicators in order for them to express themselves and enhance their understanding of the person's needs.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It included things hospital staff must know about the person such as medical history and allergies. It also identified things that are important to the person such as how to communicate with them and their likes and dislikes. Each person also has an annual health check with the GP, staff members, the service user and family members. Where it was considered that a person needed to attend regular hospital appointments for their medical condition, a best interests meeting had recently been proposed which will involve all the appropriate interested parties to agree a way forward.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. One relative said they communicated with their relative every day. They thought that unlimited internet access would prove useful to ensure the continuity of this line of communication. They told us that their relative's keyworker also sent them regular mails to update them on their progress.

The provider had systems in place to receive and monitor any complaints that were made. Two formal complaints had been received this year and appropriate actions were taken to resolve the issues of concern. One relative told us that their relative would go to their keyworker or them if they had any concerns. Another relative told us; "On some occasions we do have concerns over issues over personal care etc. etc. These have been dealt with by the management with consideration to our concerns and in support also of [person's name] wishes."

Is the service well-led?

Our findings

Staff felt well supported by the registered manager. Staff were confident and knowledgeable of all aspects of the service. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns.

Throughout the day we observed people and staff entering the registered manager's office seeking advice or just advising them of their plans. One member of staff told us; "We can't complain about the management they will support us." There was a good team spirit and staff told us that they were an "eclectic group and we play on each other's strengths."

Regular staff meetings were held and agenda items included; People they support; Good news stories; Staffing vacancies; On-line training and rotas. From the minutes it was evident that the staff pulled together to cover holiday and vacancies and worked on their usual weekend off to ensure the service had sufficient staff. The registered manager was appreciative of their action and thanked them "for being flexible and understanding during this period." The registered manager had also listened to staff concerns regarding access to transport and told them they had formally raised this with the Head of Service. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support to try new activities. These actions were actively supported by the registered manager.

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

To ensure people were listened to on a regular basis they had access to their own keyworkers. The keyworker has a special responsibility for ensuring that the person has maximum control over all aspects of their daily life. They are involved in the planning of how the person's care needs will be met, and agreeing with the person the amount of assistance they require and the activities they would like to engage in. Weekly discussions were held regarding; What went well? What didn't go well? What have we learned? One relative had recently written to the service; "Just wanted to say how much we appreciated all your help and being so great with [person's name]." People had a positive experience living at the service. They were supported by a committed staff team.

We observed that all staff attended the shift handover session. The staff lead went through the morning's activities and plans staff needed to be aware of. Notable events were also discussed such as a change of prescription and how to administer the medicine. Communication books and handover information were also in place for the staff team. This meant that staff had all the appropriate information at staff handover.

To ensure continuous improvement the Head of Service conducted regular compliance audits. They reviewed issues such as; attendance, risk assessments, fire safety, day to day maintenance and health and

safety checks. The observations identified good practice and areas where improvements were required. Systems to reduce the risk of harm were also in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.