

The Royal National Institute for Deaf People

Huguenot Place

Inspection report

6 Huguenot Place
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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

Huguenot Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care for up to five people who are deaf with mental health needs. One person was staying in hospital at the time of this inspection.

A registered manager was in post who was present on both days 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.

The registered manager was also responsible for managing Harding House located nearby which is another CQC registered care home which we inspected at the same time as Huguenot Place. Staff working at each service attended joint staff meetings and accessed the same organisational systems in place across areas such as training, care planning and quality assurance.

We inspected Huguenot Place on 12 September and 11 October 2018. The inspection was unannounced on the first day and we told the provider we would be returning on the second day.

At our last inspection in May 2017, we rated the service Good overall. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Appropriate numbers of support staff were allocated to help keep people safe. People spoken with were happy with the support provided by the staff working at Huguenot Place and said they were treated with dignity and respect.

We saw staff members had been safely recruited and had access to both mandatory and specialist training. Staff also received regular one to one supervision and additional support as required.

Staff understood how to help protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their strengths and needs.

Medicines were administered in a safe way. Staff received training and a competency framework was in

place to make sure they understood and followed safe procedures for administering medicines.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed a detailed personalised support plan for each person with information provided in accessible formats. They kept people's needs under review and made changes as required.

People using the service felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The registered manager monitored the quality of the service and made changes to improve the service provided when required. Staff and people who used the service found the management team to be approachable.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service was responsive.

Managers and staff knew people well and responded promptly to any changes in their care and support needs.

Arrangements were in place for dealing with concerns and complaints.

People said that the service involved them and listened to them.

Is the service well-led?

Good ●

The service remained Good.

Huguenot Place

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 checked 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.'

We inspected Huguenot Place on 12 September and 11 October 2018. The inspection was unannounced on the first day and announced on the second day and carried out by one inspector. A British Sign Language (BSL) interpreter joined us on the first day of inspection and we spoke with three people who lived in the home to seek their views about the care they received.

Before the inspection we reviewed the information we held about the service including the last inspection report. During the inspection we checked two people's care records, four staff files and records relating to the management of the home. We also spoke with three support workers, the deputy manager and the registered manager.

Is the service safe?

Our findings

At our last inspection in May 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People told us they felt safe at Huguenot Place and liked living there. One person said, "I have lived here for many years. It's good here" Another person commented, "Yes, I feel safe. I like living here." A third person told us, "It's a really good house."

People and staff told us there were enough staff on duty to keep people safe but would welcome more to facilitate additional trips out and one to one time. One person told us, "We need more staff." The registered manager told us that recruiting permanent staff for the service was an on-going challenge and a recent job advert had yielded no suitable candidates. They said the service used temporary agency staff to cover any vacant shifts and tried to use consistent people wherever possible so people using the service got to know them and vice- versa.

Organisational and local authority safeguarding policies were available for reference which included the different types of potential abuse and staff responsibilities. Staff completed safeguarding training and knew the correct action to take should they witness or suspect abuse. They told us they would report any poor or abusive practice and were confident the registered manager would take appropriate action to ensure people were properly protected.

Any risks to people and staff were identified and managed. People's support plans included information about what staff should do to help them to stay safe. Risk assessments were completed in relation to people's needs and abilities such as the support they needed when accessing the community, managing their money or taking prescribed medicines. Each risk assessment addressed the potential benefits individuals would gain from taking the risk, as well as any control measures which needed to be put in place. Risk assessments were regularly reviewed and updated when people's needs changed.

Medicines were being managed safely at Huguenot Place. There were policies and procedures in place to help ensure staff administered medicines safely. Staff received training in the safe administration of medicines and people were supported to retain as much independence as possible when taking their prescribed medicines. Audit systems were in place to check people had received their medicines as prescribed. People's Medicines Administration Records (MAR) we looked at were signed and up to date showing when medicines had been administered.

Records were kept of any accidents and incidents that had taken place at the service and the information was analysed for any patterns or trends. Health and safety checks took place regularly to help keep people safe. These included fire safety checks and checks on the home environment. Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed the support they would require to evacuate the building safely.

Safe recruitment practices helped protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with proof of identity.

The service managed the control and prevention of infection well. Staff were trained and understood their role and responsibilities, for example, around food safety. The house was clean and well maintained when we visited.

Is the service effective?

Our findings

At our last inspection in June 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

The needs of people using the service were assessed before they came to stay at Huguenot Place. We saw referral information and assessments were provided by the local authority. Familiarisation visits were arranged so the person could come to see the service where possible. An individual support plan and assessments were completed by senior staff that were used to discuss with the person and / or their representatives about how they wanted to be supported. Written agreements were kept on file for people where they had stated the level of support they wanted from staff.

People spoken with were happy with the support provided by the staff working at Huguenot Place. One person said, "They're good." Another person said, "The staff are helpful."

Staff were supported to attend courses to learn British Sign Language (BSL). Some staff members told us that they thought a level three qualification in BSL should be the standard for staff rather than the level two. One staff told us, "The level three should be an aspiration for everyone."

There was a training and development programme for staff that included a structured induction and mandatory learning for all new staff. The service had implemented the Care Certificate as part of their induction training for all new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. New staff shadowed more experienced staff members on shift when they commenced employment.

The training programme for existing staff consisted of regular updates to make sure mandatory training was kept up to date. Training sessions addressed behaviour, handling medicines, safeguarding, Equality and Diversity and First Aid amongst other topics. Fire safety training was booked for some staff in November to make sure they were up to date. One member of staff told us that they had been on autism training that they found helpful and another specialist course had been booked to help meet the needs of people who were deaf and blind. A staff member commented, "The training is 100%. I've done lots of good training."

Staff confirmed they were supported by senior staff through regular staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this. A staff member told us, "I have regular supervisions. We have monthly team meetings."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

Some people required support to access the local community, whilst other people could come and go independently. The registered manager understood their responsibility for making sure the least restrictive options were always considered when supporting people and ensuring they were not unduly or unlawfully restricted. Capacity assessments, best interest decisions and DoLS applications and authorisations were recorded when required. Care files included consent forms in pictorial formats to help people understand what they were being asked to agree to when signing the forms.

Some staff had completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. The registered manager told us that further training was planned at the next team meetings to make sure all staff were up to date in this important area.

Peoples nutritional needs, including any allergies, preferences and special dietary needs were recorded and met. Staff told us they supported people to develop independent living skills including planning and cooking meals. This was confirmed by people we spoke with and one person said, "I pick what I want" when staff supported them to go shopping.

People's health needs were met. Records showed that clients had regular access to their GP, opticians, dentists and other healthcare professionals as needed. The level of support required by each person was recorded, for example, if they needed staff to help them make appointments with their GP.

Is the service caring?

Our findings

At our last inspection in June 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People spoken with told us staff were respectful and caring. One person using the service told us, "They help me. They explain themselves" There was a relaxed and homely atmosphere in the house when we visited. Observed interactions between staff and people using the service were familiar and friendly.

Staff supported the privacy and dignity of people using the service. For example, knocking on doors, ensuring people had control of their space and had privacy when they wanted it. One staff member told us, "I know how to treat people. All the staff are the same here."

People were supported to develop independent living skills and to achieve goals. One person told us, "The staff go with me shopping." People were also supported to budget their own money as far as possible. A staff member told us, "We help to support them in the community. We create a structure for them to achieve what they want."

There were policies and procedures for staff about caring for people in a dignified way and to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Information about each person was stored securely and confidentially. People had been asked to consent when information had to be shared with others, for example, with healthcare professionals.

People's needs on the grounds of protected equality characteristics were considered as part of the planning process. For example, one person using the service told us they had attended Pride with support from their key worker. This had been identified as a goal within the support planning process.

Is the service responsive?

Our findings

At our last inspection in May 2017, this key question was not rated. At this inspection the rating was assessed as 'Good'.

Some people told us that they were independent and could access activities by themselves. Support plans showed that the service supported them to access education, engage in activities and be part of the wider community. One person said, "I go to the shops. I cook. I clean." Another person commented, "I go to the gym myself." A third person told us, "I go to the shops and the cinema. I do gardening."

Support plans were personalised and gave clear information about how to best to support the person, how they communicated, their daily routines and relationships along with their goals for the future. Each person had an allocated key worker who monitored their wellbeing and took responsibility for ensuring their care and support needs were being met. People were involved in setting their own goals to achieve based around their personal interests and life skills they wished to learn. For example, goals seen included learning independent living skills, going on holiday, healthy eating and saving money to see their football team play. The goals were regularly reviewed by the person and their key worker to make sure they were getting the support they needed. Electronic records were kept helping track progress in achieving them. A staff member told us, "We regularly go through the goals with the person and review them."

The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. NHS and publicly-funded adult social care services are legally required to comply with this standard.

In line with the Accessible Information Standard, people's care records included details about their preferred methods of communication, for example, whether this was pictorial, written, Easy Read, or BSL. Care records were accessible, personalised and included important information about people's lives and backgrounds. Accessible person-centred support plans gave information about what people were like, their strengths and the things that were important to them. Pictures and photographs were used to illustrate the plans and each gave good information about how each person liked to be supported.

Information was shared by staff through daily notes, verbal handovers and team meetings. Daily notes were completed for each person including their activities, wellbeing and if there was any change to their needs that staff needed to be aware of. Staff handovers were used to share information about changes in people's needs. We saw team meetings were also used to discuss people's individual needs.

The service had a procedure in place to manage any concerns or complaints which was accessible to people, their relatives and other involved stakeholders. People told us they felt able to talk to a member of staff or the registered manager if they had a concern or complaint. One person told us, "I would go and talk to a member of staff." Another person commented, "Yes they listen to me." Electronic records were kept of any complaints and these were audited as part of the organisation quality assurance programme.

People were supported to express their end of life wishes and this had been facilitated through an external advocate. Each care file included a detailed 'My end of life plan' accessible form which included people's funeral preferences, religious needs and who they would like to attend.

Is the service well-led?

Our findings

At our last inspection in June 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People using the service said they liked living at Huguenot Place. One person said, "I'm happy. There's nothing to worry about here." The staff members spoken with said that they felt the quality of care for people was of a good standard and they had no concerns about the service being provided. One staff member said, "It's a good service." Another staff member commented, "It's very person centred."

A registered manager was in post at the time of our inspection. They managed Huguenot Place and another CQC registered service located nearby, Harding House. They were supported by a deputy manager for the service and senior support staff. People and staff told us that they found the management team to be approachable and supportive. One person using the service commented, "He's a good person." One staff member commented, "They are very supportive."

There were systems to regularly audit and update information. Scheduled audits were carried out to monitor the quality of the service and to identify how the service could be improved. The registered manager and staff carried out checks on areas such as the medicines, the environment, health and safety and of care records. For example, care files we looked at had evidence of audits to make sure the information was up to date. Records of checks on medicines were also available.

Feedback from people using the service had been used to look at what was working and not working within the service. For example, this highlighted the difficulties with recruitment of staff and key working systems not working well enough. Positives recorded included the success of activities held during the World Cup and the increased involvement of people in making decisions about the home. Action plans were in place to address the areas identified as 'not working'.

The registered manager also held regular 'have your say' sessions with people using the service. These were tailored individual meetings to give people an opportunity to feedback on the support provided, their satisfaction with staff and anything they would like to see improved. An accessible document was produced using pictures and photographs to summarise the outcomes of the session.