Care Quality Commission

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Leopold Muller Home

Inspection report

Poolemead Centre
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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

Leopold Muller Home is a care home that provides accommodation, personal and nursing care to a maximum of 20 Deaf and Deafblind people with additional complex care needs. At the time of our inspection there were 19 people living at Leopold Muller Home.

Bedrooms, bathrooms and toilets were located on the ground, first and second floors and a lift was available for access. Communal areas were on the ground and first floor, including lounge areas, large dining room and outdoor spaces.

At our last inspection in June 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated 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.

At this inspection we found the service remained Good.

Why the service is rated Good:

People and their relatives were complimentary about the service, the care received, and the staff team.

Relatives told us that they were consulted and informed about people's care. Records were clear and reflected people's needs and preferences. Risk assessments were in place to support people safely whilst ensuring people's independence was promoted.

People enjoyed the food provided, and staff supported people to eat and drink where needed. Care records gave guidance about support needs and preferences. People's dietary needs had been assessed by specialists where necessary.

People had access to a range of specialist and routine healthcare services.

People's medicines were administered as prescribed and managed safely by suitably trained staff. However, recording the application of creams and ointments was inconsistent. This was discussed with nursing staff and changes to improve recording and compliance with policy were explored immediately.

There was a positive and enthusiastic staff team who felt supported and worked well as a team.
Staff knew people well, and were caring and patient. Staff received training and support to ensure people received safe and effective care.

The provider ensured that there were enough staff, although some were regular relief or agency staff. The service was recruiting new staff, and followed effective procedures to ensure prospective staff were suitable

to work in the service.

Systems were in place to monitor and review the quality of the service. There was regular monitoring of health and safety, incidents and accidents as well as regular equipment checks and maintenance.

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

Further information is in the detailed findings below

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 remained Good	Good
Is the service effective? The service remained Good	Good
Is the service caring? The service remained Good	Good
Is the service responsive? The service remained Good	Good
Is the service well-led? The service remained Good	Good

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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.

This was a comprehensive inspection, and was carried out on 23 and 25 October 2018. The first day of the inspection was unannounced, and was carried out by one adult social care inspector, one assistant inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspection team was supported by a registered sign language interpreter during the first day of the inspection. This was because people living at the service and some staff communicated using sign language.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we received from the service and reviewed other information CQC had to help inform us about the level of risk for the service. We reviewed all this information to help us make a judgement about the service.

During the inspection we spoke with seven people living at the service. We spoke with five people's relatives by phone after the inspection. We spoke with eight members of staff, as well as the registered manager and deputy manager. After the inspection, we received feedback from four external professionals who worked with the service.

We looked at six care records and four staff files. We also looked at a range of records and documents such as meeting minutes, policies, audits and environmental reports.

During the inspection we used an observation tool called the Short Observational Framework for Inspection (SOFI). This tool gave us a way of observing and recording care and interactions to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People continued to receive a safe service. One person told us about the equipment and alarms that were in their room to help keep them safe. All the relatives we spoke with were positive about the service. One said, "We can sit back and relax knowing that [they're] safe and well cared for."

The provider had policies and procedures in place to safeguard people. Staff had received training about safeguarding vulnerable adults, and told us about what they would do if they had concerns. One staff member said, "I would always take concern to a senior. I'd document things, and I'd follow it up." The registered manager and deputy manager were aware of their responsibilities regarding safeguarding.

Systems were in place that showed people's medicines were managed safely by nurses. Medicines, including those that required additional secure storage, were ordered, stored, administered and disposed of appropriately. Medication audits were carried out every month, and an external pharmacy audit was completed annually. Audits identified actions, which were usually completed, although some improvements were ongoing.

We checked policies and records relating to the administration of medicines. Records were clear, although there were gaps in records relating to the application of people's creams and ointments. Care staff often recorded information about the application of creams in the daily record, but did not always update the topical medicines administration record. We highlighted the need to review this practice with the managers and nursing staff, who immediately explored changes to improve recording and compliance with policy.

People had risk assessments which were up to date. Risks assessed included safe lifting, manual handling, medication, personal care (including giving someone a wet shave), and pressure care. There were specific risk assessments relating to people's health needs, for example a food and drink risk assessment for a person who was at risk of choking. These documents were personalised, and gave staff guidance about how to manage specific risks. This meant that people were safely supported while staff could promote choice and independence.

People were supported by adequate staffing levels to meet their needs and keep them safe. There were several vacant posts within the service, but rotas were well managed and regular relief and agency staff used to cover shortfalls. This meant that there was consistency and continuity for people. Staff told us that there were usually sufficient staff on each shift, but noted that they had lost some staff recently, and understood that recruitment took time. One relative stated that sometimes the service was short-staffed, but another said, "I don't know that they've ever been short of staff. [Name] has certainly never been without the care [they] need."

A recruitment programme was in place, and we saw from staff records that the service followed robust processes before new staff were employed. Pre-employment checks including evidence of a Disclosure and Barring Service (DBS) review were recorded in staff files. A DBS check ensures that potential staff have not been convicted of an offence which would make them unsuitable to work with vulnerable people.

Records showed that regular checks of the environment and equipment were carried out. This ensured equipment was well serviced, monitored and repaired to be safe to use. Minor damage was noted to some bathroom floors. Systems were in place to keep people safe in the event of an emergency. For example, in the event of a fire, each person had an emergency evacuation plan (PEEP). This told staff how to support people if they had to be evacuated from the service.

Records were kept of accidents, incidents and near misses. These included details of the incident, safeguarding considerations, actions taken and outcomes. This meant the service took steps to keep people safe and make changes where needed.

Good

Is the service effective?

Our findings

People continued to receive effective care. People told us that staff offered them choices, for example about activities or food. A relative told us that staff knew their loved one very well, and a visiting professional said, "They know all the likes and dislikes of their residents."

We saw people being encouraged to make day-to-day decisions, for example at mealtimes. People were offered different drinks and food. When one person did not want the meal they had ordered, a sandwich was provided. During our visit, a person told staff that they would like their chair to be moved to a different communal area so that they could socialise with a friend. Staff made arrangements to move the person's customised chair.

Some people had consented to their to care and treatment by signing their care plans and records. Relatives said that they were invited to reviews and involved in their family member's care. One relative told us, "They always keep me well advised of developments or problems." One person said, "I don't think I have a care plan. Maybe they have it in the private office." However, this person told us that they were happy with the care they received.

People continued to be supported by staff who had received training so that they had the skills to provide effective care. Staff told us that the training they received was useful and a relief member of staff told us that they also been able to attend local training. Essential training for all staff included manual handling, fire, health and safety and safeguarding. Nursing staff received additional training to enhance their knowledge and skills. Some staff needed update training in some essential subjects. The registered manager was aware of this and planned to address this.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through Mental Capacity Act application procedures, called the Deprivation of Liberty Safeguarding (DoLS). Appropriate DoLS applications were in place to ensure people were only deprived of their liberty for their own safety. This included for example, people who required lap belts in wheelchairs or sensors in bedrooms. Some DoLS applications had been awaiting approval by local authorities for some time. Individual needs and the progress of applications had been regularly checked in most cases. The deputy manager planned to review all DoLS records to ensure the most current and up to date information was recorded.

Staff supported people to eat and drink enough and to maintain a balanced diet. Care records contained assessments of the risks of malnutrition and dehydration, weight monitoring, preferences and specialist support needs. Some people had specialist needs, such as requiring soft diets, thickened drinks or external feeding systems. People's needs had been assessed by nurses, speech and language therapists, dietitians or specialist nutrition nurses as necessary. Guidance was given to staff and followed as needed.

Comments about food from people included, "The food is alright here, there's nothing to grumble about," and "I'm enjoying the food, but I don't like the broccoli or the peas." Staff ate meals with people, and the

registered manager was introducing new individualised clothes protectors and secured tablecloths in order to make mealtimes more pleasant for people.

We saw evidence in people's care records that they received a range of specialist and routine healthcare services. There was guidance for staff on the actions that should be taken regarding specific health conditions. One person praised the way that staff had supported them when they fell some time ago. A relative spoke highly of the knowledge and experience of nursing staff adding, "the medical supervision is exceptional". A health professional who visited the service told us, "[They] are insistent that those with sensory needs and learning difficulties get the opportunities to access medical care…just as any individual who doesn't have those needs."

The building mostly met people's needs, although spaces for manoeuvring wheelchairs in some corridor and bathroom areas was limited. This meant that some décor was damaged, for example paintwork in doorways.

Good

Is the service caring?

Our findings

People continued to be supported by staff that were kind and caring. Staff were committed to supporting people and providing high quality care. One relative told us, "The staff are very, very kind and helpful," and another added, "I wish all homes were as good as Leopold Muller." A health professional told us, "I think Leopold Muller is a very caring home with tremendous staff who go above and beyond their role to give their residents the best possible life despite their challenging sensory and medical needs."

Staff told us that they considered the whole person when planning and providing care. They knew people well and understood people's preferences and needs. For example, a member of staff told us that one person loved going to the hairdresser, "She comes out clapping and very happy." We observed that another person was particularly smart and wearing jewellery, bracelets and a favourite brooch. Staff told us, "[Name] loves [their] jewellery, especially things like spiders." The staff member also signed this conversation to the person to ensure they were included in the interaction.

Each person had a keyworker who knew them and their relatives well and provided personalised and specific support as needed. Keyworkers updated care plans, and maintained regular contact with people's families. Relatives spoke positively about their family member's keyworker.

Staff had a good awareness of people's communication needs and preferences. We saw staff who were skilled in the use of sign language and other means of communication.

Staff treated people with respect and dignity. People told us that staff were polite and we saw this during our visit. One staff member said, "I just ask myself, 'if these were my grandparents, how would I want them to be treated." Staff told us about how they maintained people's dignity when supporting them with activities such as personal care. This included closing curtains, using screens and carrying out personal care activities in an appropriate place. We saw staff knocking on bathroom doors before entering, and treating people with care and respect.

The service had received 14 compliments from people and their relatives in the past year. One compliment stated, "I just wanted to write a short note to say thank you to everyone for the wonderful care you have all given to [Name], and to thank you for the kindness you have shown to us, his family, whenever we visited." Relatives told us that they were made to feel welcome and could visit the service at any time.

There was evidence of friendships between people, and staff encouraged this, for example by supporting their choices about where to sit or what they wished to do.

Personal information was recorded in people's care files, and staff told us that they could access these at any time. Information was kept securely, and staff understood the principles of protecting people's confidentiality.

Good

Is the service responsive?

Our findings

People continued to receive a responsive service. We saw that some people and their relatives had been involved in the planning and review of their care. Relatives told us that they mostly felt that they were kept up to date about their relative's care. They said this was particularly good when there was a change to the person's health or needs. One relative told us that they are always kept up to date by staff, and have been involved in medical and specialist consultations.

Staff knew about people's care plans, and keyworkers ensured these were detailed and up to date. One staff member told us, "I get good information from the care plan. They're all individual. They're not generalised." People's records contained information and details about how they liked to be supported. For example, one person's care plan noted that they took pride in their appearance and seemed to like being in the company of people of the opposite sex. There were suggestions about how staff could support the person in this area, and a clear overall goal which considered their sense of self worth and dignity.

We observed a shift handover meeting taking place. Key information about people's medicines, routines and wellbeing were communicated to staff. This meant staff had up to date information to ensure they provided care which correctly met people's needs.

Most people and their relatives told us that people had access to a wide range of personalised activities. One person told us, "I do nothing now, just stay here". However other people told us about trips they had been on and activities they had been involved with. We saw people attending activities at the nearby Education Day Services, and a small group were making a card for a member of staff who was leaving the service. Students from City of Bath college had recently come to the service and undertaken a range of seasonal activities such as painting pumpkins with people.

Staff told us that they were guided by people's wishes and interests regarding activities. They had a good understanding of people's needs, and aimed to find individualised ways of supporting people. This included a range of art and craft activities, music, sports, providing aromatherapy massages and going out on trips.

People were supported to go out with staff or with friends and family. Outings included shopping and trips to the beach, zoo, cinema and theatre. One person had been supported to attend a family wedding, even though this required an overnight stay and constant staff support. This meant that staff enabled people to maintain relationships and links with the wider community.

People and their relatives told us that they felt able to raise concerns or complaints. The registered manager told us that concerns or complaints were taken seriously, explored and responded to. We saw evidence of this during the inspection. There had been four complaints made in the previous 12 months. These were investigated, actions taken where relevant, and a response provided to the complainant.

People and relatives told us they were able to share their views and provide feedback about the service.

Resident's meetings were held on a regular basis. We saw notes from recent meetings where topics such as satisfaction with food, planned activities and environmental issues had been discussed. A new magazine for the service was also discussed in these meetings. People did not agree about the name that had been suggested. There was discussion and disagreement, followed by a survey of views to enable a final decision to be made.

Personalised end of life plans were in place in the care records that we reviewed. Visiting health professionals told us that the provider had put responsive and considerate plans in place for people at the end of their lives, and had cared for them well, with support as needed. Staff told us that they were proud of their end of life care, stating it was, "Second to none."

Good

Is the service well-led?

Our findings

There had been a change in registered manager since our last 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 and their relatives told us that they knew the managers at the service, and they were happy to speak with them about a range of matters. A relative said, "Whenever I've had any complaints or queries, they always call me straight back if they can't deal with it then," and another added that, "There have always been good explanations whenever there have been any issues." A staff member said, "I would always raise anything with the manager. They always listen," and another staff member said that the registered manager was, "Approachable." Managers were a visible presence during our inspection and supported staff to provide a high-quality service.

Regular staff meetings were held, and staff were encouraged to express their ideas on how to develop the service. Staff at the service worked in partnership with other organisations and were continuing to develop a range of links and initiatives with local colleges and employers. This meant that the service continued to promote improvement and innovation.

In recognition of the quality of service provided at Leopold Muller Home, staff had recently won a national Action on Hearing Loss award.

Staff told us that they enjoyed their roles and felt Leopold Muller Home was a good place to work. They told us they felt supported, had access to training and received regular supervision. One staff member said, "I've taken all sorts of things to the manager. I've asked for more supervision before when I needed it." Another added that they found supervision useful, somewhere that they could, "Air any issues and nip things in the bud." Nurses told us that they received additional training that was relevant to their role, and were supervised by a senior nurse.

Systems were in place which regularly assessed and monitored the quality of the service. These included checks of health and safety issues, audits of medicines and reviews of safeguarding concerns and incidents and accidents. Action plans were developed from completed checks and audits. Progress was monitored on a regular basis. This supported the service to learn and improve.

The registered manager understood and met the legal requirements relating to submitting notifications to Care Quality Commission. A notification provides information about important events which affect people or the service.

Policies and procedures were available in the service. Some policies referred to best practice or professional guidelines. Staff could access policies, and updates or changes to practice were discussed in staff meetings. This meant that clear advice and guidance was available to staff.