The Royal National Institute for Deaf People

Huguenot Place

Inspection report

6 Huguenot Place
Wandsworth
London
SW18 2EN

Tel: 07557656776

Date of inspection visit:
17 May 2017

Date of publication:
23 June 2017

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 well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 and 6 September 2016. At this inspection, we found breaches of legal requirements. This was because health and safety checks were not being carried out thoroughly and personal evacuation plans had not been signed by people to show their understanding of how these would be implemented in an emergency. People told us their communication needs were not being met and regular audits were not being carried out.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 17 May 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Huguenot Place' on our website at www.cqc.org.uk'

Huguenot Place provides accommodation and personal care for up to five people who are deaf with mental health needs. At the time of the inspection there were five people using the service.

The service had a registered manager who was not present during the inspection, however, the deputy manager was available on the day. 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.

At our focused inspection on 17 May 2017, we found that the provider had followed their plan and improvements had been made.

People had received specific training on fire safety procedures and personal evacuation plans had been improved to ensure people understood the provider's safety procedures. Water temperature checks were monitored to mitigate against the risk of scalding.

Staff's signing skills had been assessed to make certain they communicated effectively with people. Care plans were person centred and identified the specific communication needs that people had chosen to use.

Advocacy support was accessed so people had representation when this was appropriate and their views were listened to. People were supported by kind staff who valued their individual needs; they involved people in the decisions about their care and respected their choices.

The provider operated a range of audits to ensure that the required standards were monitored and maintained. Records had been improved in line with the Accessible Information Standard and people were

happy with the support they received from the management team.

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

We found action had been taken to improve the safety of the service.

Improvements had been made to ensure checks on the home environment were carried out.

Personal evacuation plans had been reviewed and people had received fire safety training to ensure their understanding of the provider's safety procedures.

We have changed the rating for this question as the provider was now meeting the legal requirements and had measures in place to ensure these improvements were sustained.

Is the service effective?

Good

We found action had been taken to improve the effectiveness of the service.

Action had been taken to ensure staff received further training to ensure people's communication needs were met.

Care plans were personalised to include all aspects of people's diverse needs.

We have changed the rating for this question as the provider was now meeting the legal requirements and had measures in place to ensure these improvements would been sustained.

Is the service caring?

Good

The service was caring.

Advocacy was sought to ensure people's views were listened to.

People were supported to express their wishes freely and support was provided in the least intrusive way.

We have changed the rating for this question as the provider was now meeting the legal requirements and had measures in place to ensure these improvements would been sustained.

Is the service well-led?

Good

The service was well-led.

Quality audits were in place to monitor that good standards of care were maintained.

The provider followed the Accessible Information Standard to ensure people understood their rights.

People told us they received good support from the management team.

We have changed the rating for this question as the provider was now meeting the legal requirements and had measures in place to ensure these improvements could be sustained.

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Huguenot Place on 17 May 2017. This inspection was completed to ensure improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 and 6 September 2016 had been made. We inspected the service against four of the five questions we ask about the service: is the service safe, effective, caring and well-led? This was because the service was not meeting some of the legal requirements in relation to these questions.

One inspector carried out the inspection. All of the people who used the service were deaf, therefore we were also accompanied by a sign language interpreter and a second inspector to obtain people's views about how the provider delivered care in the home.

We checked information that the Care Quality Commission (CQC) held about the service, which included the previous inspection report, the action plan and notifications sent to CQC by the provider before the inspection. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

During our inspection, we spoke with five people who used the service, three support workers, the senior support worker and the deputy manager. We reviewed a range of key documents that included people's care records, health and safety checks, minutes of meetings, quality audits and the providers' procedures in relation to the management of the home.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 5 and 6 September 2016, we found easy read formats of the fire safety procedures were not provided to people and these had not been signed by people to show they understood these. Additionally, hot and cold water temperature checks were not accurately recorded.

During this inspection, we checked to see if the provider had carried out the necessary improvements to ensure people understood the fire safety procedures and checks on water temperatures had been routinely carried out. We found that the provider had followed the action plan they had submitted to address the shortfalls.

People using the service had received training on the providers' fire safety procedures to show them what to do in the event of a fire emergency. Pictures of people and staff involved in training and conducting fire practice evacuation procedures were held in people's files. One person explained how they were involved in the training and commented, "We've talked about fire, I get nervous and go off if the alarm went. I get out and go with staff, if I was upstairs and staff ask me, I would wait. They would come to rescue me. The red box (fire alarm). I don't touch that unless there's a fire. I touched it once but staff told me you have to hit it hard. I asked the staff if the [firemen] were coming, but they weren't, it was a practice."

Workshops had been facilitated by staff on fire prevention and involved demonstrating to people what the signs 'must break glass' were for and they were shown the location of all the fire call points in the building. A question and answer session followed about what people had learned about fire testing and the appropriate explanations were given. One staff member explained, "In terms of fire safety, we get the basics right and show them the video if they do not understand." Personal emergency evacuation plans (PEEPS) were produced in an easy read format and people had signed these records to show they understood and agreed to follow the provider's fire procedures. Records show that the importance of fire safety was discussed in one to one meetings with people. Where one person had complex needs, they had signed an agreement to wear a deaf fire alarm pager; had been fully briefed about what this was used for and a risk management plan was in place for the use of this.

At our last inspection, we found that there were gaps in the recording of the hot and cold water checks. During this inspection, we checked records over a period of three months and found that the hot and cold water checks did not fall below or exceed the recommended temperatures and these had been signed by staff. The deputy manager explained that during handovers, they reminded staff on the importance of reporting issues with the water temperatures to the maintenance team. Legionella checks were up to date and records listed the responsible person for flushing out the water outlets and the descaling of equipment.

People explained to us the reasons they felt safe living in the home. They commented, "It's very quiet I rest a lot, I come downstairs and talk to [staff name] that's nice, I'm happy and I enjoy", "I like it here, the staff are safe, the staff sign good" and "It's good, it's not bad or boring." Health and safety procedures were accessible in a format people understood and included the risks present in the home and how these should be managed, and a person told us how staff reduced risks in the home and commented, "[Staff] do cooking,

they do the risk assessment, like washing your hands before you cook, especially if you have a cold." People had participated in training on keeping themselves and others safe, for example, we saw pictures were displayed on the noticeboard of people involved in health and safety training on how to administer first aid.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed and the provider had put appropriate measures in place to ensure improvements were sustained.

Good

Is the service effective?

Our findings

At our last comprehensive inspection on 5 and 6 September 2016, one person told us their communication needs were not being met and staff told us they required a higher qualification in their signing skills to communicate with people more effectively. At this inspection, we found the provider had addressed this issue.

During this inspection, we checked with people about the improvements staff had made with their signing skills to meet their various communication needs. Four out of five people told us they had improved however, one person explained they required further learning. They commented, "They've achieved! They've got it.", "I've lived here a long time, staff communication has improved, and they've been doing their homework. I can say to slow down to help me understand" and "A bit better, the staff are good." However, one person told us, "Not all of them have got better, the staff are good, they help a lot better now, but they still need a little bit more signing."

Staff had been assessed by a qualified British Sign Language (BSL) interpreter to check their signing skills to progress to a higher BSL qualification. A member of staff said, "We are learning every day we had a qualified interpreter come in and do an assessment on our language skills." We viewed the outcomes of the assessments and found that they had taken into account staff skills through the use of observation and had identified the strengths and gaps in knowledge of their signing skills. For example, the assessor observed their facial expressions, the shapes made with their hands and if they were receptive and ready to complete the advanced qualification. The deputy manager explained that the reports would be used to give staff the opportunity to obtain a higher level qualification in BSL.

The deputy manager's communication skills had not yet been assessed but they told us there was a planned date for this and people told us there had been some improvement with the deputy manager's communication skills. One person commented, "[Their] signing has improved, same with [senior staff]. [Name of staff] is good; they are trying to teach each other."

Care plans had been newly produced and presented in a pictorial format. These were personalised based on the care people received and detailed information about people's preferred method of communication, which had been signed to show they had agreed to this. The plans took into account how people liked to be contacted, the professional support they needed, and how information and choices should be presented to them and the ways to help them understand this. People had been offered a variety of options on the best ways to communicate their needs and how they preferred information to be received, such as text message, moon alphabet, (moon allows people who are blind or partially sighted to read by touch) and if they required lip speakers, note takers and telecommunication devices. Staff described the diverse ways that people communicated and responded to them. One staff member commented, "Lots of [people] respond better with pictures, [person's name] can read and process the information like the daily house routines we put in place."

We have improved the rating for this question from requires improvement to good because we found that

concerns had been addressed and the provider had put appropriate measures in place to ensure improvements would been sustained.

Good

Is the service caring?

Our findings

At our last comprehensive inspection on 5 and 6 September 2016, we found that people were not provided with independent support to make sure they were represented and supported with advocacy support.

During this inspection, we checked to see if the provider had carried out the necessary improvements to ensure advocacy was available when this was needed. We found that the provider had followed the action plan they had written to address the shortfalls.

An Independent Mental Capacity Advocate (IMCA) was appointed to ascertain a person's views and wishes in relation to their treatment plan and the care they would receive during their time in hospital. Records showed that a health professional had asked to arrange a best interests meeting to involve the person so everyone had a clear picture of the details around the benefits of the treatment and the protocols to mitigate potential risks.

The deputy manager explained the importance of helping this person to adjust to their health condition and ease the person's fears about this, they explained, "It's about breaking down the barriers and giving [person's name] the best information about the pre-operation." To best support the person a referral was made to a specialist organisation for mobility and technological aids. The staff member explained it took a while for the person to get used to the equipment. Key work notes demonstrated that a sensory support worker visited the person to discuss how to further support them and they had consented to use the equipment, which we observed them using when they came to join other people in the dining area for their lunchtime meal.

One person we spoke with told us that staff helped them make arrangements when a bereavement occurred in their family, and the deputy manager explained the provider had agreed to use advocacy workers to conduct specific pieces of work, for example, reviewing people's end of life care needs and attendance at house meetings.

Staff understood how to support people's diverse needs in relation to the protected characteristics which are covered in the Equality Act 2010. Key work notes showed they involved people in discussions about their needs and preferences based on the different options that were available to them whilst respecting their dignity and privacy. One staff member said, "We did this so it didn't seem obvious we were asking questions about people's sexuality" and further described how because of staff awareness people were able to express their views more freely. Records confirmed that staff had received training in sexuality awareness and supporting sexual expression and explained that with this training they had learned how to value people's differences.

People told us that staff were kind, helpful and respectful. One person explained, "They're kind, it's how they help, how they show respect" and "Staff are helpful and good." We observed acts of kindness from staff towards people who had a good awareness of deaf issues. We sat in the dining chair at the kitchen table and the staff asked if we could kindly sit in another seat and explained this was so that when a person

entered the room this would help with their orientation to locate their favourite chair. After a person arrived home from a gym session, we observed staff listen to how their day was and asked about the gym equipment they had used and their health goals, following this they encouraged the person to eat a well-balanced diet and showed them the healthy eating menu on the wall. Other people arrived later in the day to prepare their own lunch of a fresh fruit smoothie and with a healthy sandwich and salad, which they enjoyed.

We saw that staff made people fully aware that Huguenot place was their home and their privacy was respected, for example, before we used the main communal room to speak with people alone, staff sought the permission of the person who was watching the television and this was granted.

People were given choice and control about how they wished to spend their time, and their views were listened to. Care plans noted the best and worst time people were fully responsive to making decisions, for example, in the early morning or late afternoon, and included how people would achieve goals in relation to the decisions they had made. They spoke about the activities they attended and how they made decisions about their care. All the people who lived in the home had recently returned from a holiday at a holiday resort in the UK, and a person spoke enthusiastically about this and said, "It was beautiful! We packed on the coach and drove far, it was a long way. There was a swimming pool, a fun fair, a party and the pub, lots of different things. All of us chose the holiday it was in a house meeting."

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed by the provider and had put appropriate measures in place to ensure improvements would been sustained.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection on 5 and 6 September 2016, we found that audits of people's care records and environmental checks were not routinely carried out and did not pick up the issues we had found.

During this inspection, we checked to see if the provider had carried out the necessary improvements to make certain audits were conducted more thoroughly. We found that the provider had followed the action plan they had written to address the shortfalls.

The provider had drafted a comprehensive action plan that focused on the last CQC inspection report and how the breaches of regulations would be resolved. The person responsible for ensuring this was carried out was noted along with deadline dates and comments recording action taken so far. For example, the next legionella screening was due and records showed who would action this before the expiry date.

Service monitoring tools to assess the quality of care in the home were based on the CQC five key questions. This highlighted areas where improvements were required, and covered areas such as the home environment, care plans, risk assessments, privacy and dignity and what learning had taken place based on the provider's findings. For example, the deputy manager showed us a presentation they had produced to facilitate training for staff after they had identified further learning was needed in relation to the Mental Capacity Act (MCA).

Team meetings showed us staff were informed of their areas of responsibility such as reporting repairs, infection control and training. Staff were given ownership to make certain care plans were up to date and they were asked to complete checklists to ensure all the correct contents were placed in people's folders; and the deputy manager was to oversee this. The minutes showed there was a low reporting of complaints and staff were advised to use the online reporting tool to log informal and formal complaints.

The Accessible Information Standard was put into action by the provider and staff had been briefed on why this was important. The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with service providers. There was an easy read accessible policy in place, which explained how information could be accessed and their right to complain.

Records showed a meeting was held by the deputy manager to discuss why the NHS was committed to making social care more accessible and the reasons why this was important for deaf people so they could understand and challenge any decisions about their care needs. A question and answer session followed and documented how people in the home had benefitted from the provider implementing the standard.

During our inspection, a person presented us with an easy read version of their right to vote, including their voting options, the location of the polling station and what this meant. Person centred care plans were in place so people could read these with ease, and refer to these when needed, and there was a folder of easy

read pictures staff posted on the noticeboard to help people identify who was in the building, such as, external contractors, health professionals and CQC inspectors. The deputy manager told us they had revised surveys they sent to people to obtain their views, and during lunchtime we sat down with two people who helped us fill out the new survey about the home, the results of this were positive.

Staff told us about the discriminatory practice that deaf people faced in their daily lives and the deputy manager was keen to raise awareness of deaf issues, and gave us examples of these, and concluded, "These are the problems that deaf people face every day, it's not good enough, there needs to be a government initiative to set an example to push things further."

The registered manager was not present during our inspection and the deputy manager operated the day-to-day running of the home. People spoke very positively about the deputy manager and told us they were happy living in the home. They commented, "[Deputy manager] is the boss, he's good." "I like [the deputy manager he makes people happy and drives people around" and "He's the one to get, he helps the staff, he's a better manager, and keeps things clean." Staff were equally positive about the support they received from the deputy manager, staff told us he was approachable, and felt confident any issues raised would be addressed. A staff member explained, "[Deputy manager] is a people's person and is quite helpful."

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed by the provider and appropriate measures were in place to ensure improvements would been sustained.