The Royal National Institute for Deaf People

RNID Action on Hearing Loss 36 a Gibralter Crescent

Inspection report

36a Gibraltar Crescent
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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

36a Gibraltar Crescent provides care, support and accommodation for a maximum of six adults with learning disabilities and hearing impairment. There were six people living at the home at the time of the inspection. People had communication needs. People mainly used British Sign Language (BSL) to communicate their needs.
There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient staff to keep people safe. There were recruitment practices in place to ensure that staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as personal care, health, and the environment and they were updated frequently.

The registered manager had oversight of incidents and accidents, but had not always ensured that actions had been taken after incidents and accidents had occurred. The registered manager put a process in place to ensure that this did not happen again.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken. Staff were heard to ask people's consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs. There was an induction programme in place which included staff undertaking the Care Certificate. Staff received regular supervision.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

People, their relatives and health professionals were involved in planning people's care. People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained sufficient detail for staff to support people effectively. People were supported to develop their independence. There were a choice of activities in place which people enjoyed.

The home listened to people, staff and relative's views. There was a complaints procedure in place. Complaints had been responded to in line with the home's complaints policy.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. Staff and relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The registered manager understood the requirements of CQC and sent in appropriate notifications.

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.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored and effectively managed for any changes.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for, they were treated with kindness. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive

way.

People, relatives and appropriate health professionals were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred. Care needs and plans were assessed regularly.

There were a choice activities on offer for people. People enjoyed the activities.

People and their relatives told us they felt listened to. Complaints were responded to in line with the home's complaints policy.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans ensured these had been addressed.

Staff and relatives said that they felt supported and that the management was approachable. There were systems in place to listen to staff, people and their relatives.

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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 inspection took place on 2 December 2016 and was announced to make sure that people and the registered manager were available. It was conducted by one inspector who was experienced in care and support for people with learning disabilities and sensory impairments. We also used a British Sign Language Interpreter to ensure we could speak with people and staff.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns; no concerns were raised.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, three staff members, the registered manager and two relatives.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included two people's support plans, risk assessments, and peoples medicine administration records (MAR). We also reviewed four weeks of duty

rotas, some health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the service on 23 January 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us that they felt that their loved ones were safe. One relative told us that their loved one lived on the ground floor as they had difficulty with the stairs, "Yes they are safe."

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One staff member told us, "There is psychical, verbal and mental abuse. If I suspected it I would report to the manager or the police." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC and the local authority. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office. There was a pictorial safeguarding policy in the home for people and relatives if they needed it. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Risks to people were managed to ensure that their freedom was protected. Individualised guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. Person centred plans contained risk assessments in relation to kitchen safety, bathing, managing finances, accessing the community and fire.

Where people required equipment to help them mobilise or to use mobility equipment, there were risk assessments in place. These helped to reduce the risk of injury to people and staff when supporting people to move safely.

Where needed, there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. For example, some people could become anxious or distressed. There were guidelines in place to tell staff what the triggers were to avoid the anxiety and how best to support the person to keep safe and calm.

Medicines were stored, administered and disposed of safely. One staff member was responsible for ordering and disposing of the medicines, this was to minimise the risk of mistakes being made. People required staff support to enable them to take their medicines. We looked at people's medication administration records (MAR) and their packs that contain the medicine. The records were signed by staff and without gaps, indicating that people received their medicines.

For people that used home remedies, these are medicines that you can buy over the counter such as some pain relief. The doctor had agreed for these medicines to be administered. Medicines were appropriately signed out when a person went out to the day centre or out on a trip.

There were enough staff to meet people's needs. Relatives told us that there were enough staff to meet people's needs. One relative said, "It's pretty well staffed, residents can do a lot for themselves. It's staffed for their capabilities." A staff member confirmed that there were enough staff, they said, "There is a nice ratio of staff for people to get the care they need."

The registered manager told us that at night there is one staff member sleeping in, and two care staff per shift, from morning to evening. She told us that when needed, she or the deputy manager will provide support when required. She said that extra staff will be scheduled when there is a day out or a person has a hospital appointment. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that care or support was provided when it was required and staff were always available in communal areas.

The registered manager had ensured that staff were recruited safely. Appropriate checks had been carried out to help ensure only suitable staff were employed to work at the home. Before staff could support people, a disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

Incidents and accidents were recorded and the registered manager had oversight of them. However there was not always a follow up or action taken to minimise the risks of the incident occurring again. We raised this with the registered manager and they ensured that actions were in place to reduce risks of re-occurrence. On the day of inspection, the registered manager put a process in place to ensure that incidents and accidents were followed up to ensure actions were in place to minimise risks.

Staff knew what to do if someone had an accident, for example a fall. One staff member told us they would check the person for injuries, check that they were responsive and call 999. Staff and training records confirmed that they had received first aid training.

Good

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support when out in the community. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

The registered manager and staff had an understanding of the MCA including the nature and types of consent. The registered manager had completed mental capacity assessments and best interest decisions where people lacked capacity to make decisions regarding their care. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "We assume people's capacity, unless proven otherwise. People can make their own choices. We give them the opportunities and they [people] make their own choices."

People received care from staff that had the skills and knowledge to care and support them effectively. One person said, "The training is brilliant." Relatives told us that they thought staff had the right skills to support their loved ones. One staff member was responsible for overseeing training. This was to ensure that training was scheduled and staff were kept up to date with their knowledge and skills. Training consisted of mandatory training such as fire awareness and moving and handling. Staff also had training in British Sign Language, learning disabilities and other health conditions that affected people living there. Staff were seen to sign to people throughout the day.

The registered manager told us that when a new member of staff started in the home, they would be assigned a 'buddy' until they had passed their probation. This was to ensure that new starters had support and a 'go to' person when they needed help or guidance. One staff member confirmed that they had a buddy when they started and said, "I can go to anyone for help or support, they are so friendly." The registered manager confirmed that new staff had started work on the Care Certificate. This is an induction programme that sets out standards for all health and social care workers.

The registered manager ensured that staff had regular supervision and an annual appraisal which looked at their individual training and development needs. This was confirmed by staff and the records held.

People were supported to eat and drink; there was a good choice of food for a healthy, balanced diet. One person told us, "The food is nice. I do cooking." Most people were out of the home at the lunch time. One person chose to buy their lunch out and eat it at home. Staff prepared the evening meal in accordance with the menu plan. Staff told us that people choose their own meals weekly by using photographs; each person would choose one or two meals each. A relative said, "They eat well and they have a good choice of meals. Its home cooking."

People had a choice of hot and cold drinks throughout the day. People made themselves drinks when they wanted, some could do this independently and some people needed staff help, which they got. People's weights were monitored regularly and weight for people was remaining stable. Where necessary referrals had been made to a dietician to ensure that a person's weight was healthy.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such as dietician, psychiatrist, dentists and optician. One person was supported to attend a health appointment on the day. A relative told us that when their loved one had sustained an injury from a fall, the staff were very caring and supported them to attend health appointments and to get them well again.

People were supported to attend annual health checks with their GP. People had hospital passports in place. These provide hospital staff with important information about people's health needs if they were admitted to hospital. One staff member told us that they had spotted that a person's health had changed. They reported it to the GP and soon after the person had surgery and has fully recovered.

Good

Is the service caring?

Our findings

A relative said, "X gets excellent care. I can't fault them." Another relative told us that their loved one was happy living at the home and the care was good.

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. All staff were able to communicate with people as they had been trained to use British Sign Language. There was a socialable atmosphere, with staff chatting and interacting with people. One relative told us, "It's homely and friendly." When people came home from their activities, staff asked about their day and what they had been doing.

Staff were available to support people without being intrusive and waiting around the home. Staff frequently checked on people that were in their bedrooms or in the lounge. One person became distressed. Staff supported the person in a reassuring manner which calmed the person down. The staff member worked with the person to identify what was upsetting them; the staff member put this right.

The registered manager told us that most staff had worked at the home for many years. Staff knew people very well. Staff told us people's likes, dislikes and preferences. For example, staff told us that one person liked to go out shopping to choose a magazine and a chocolate bar. Staff asked the person which shop they would like to go to. We saw staff support the person to do this activity. We saw staff talk to people using their preferred names.

People were supported to do the things that they enjoyed. The registered manager ensured that people were matched with staff that were either skilled at a task or enjoyed a particular activity. For example, each person and staff member had a 'Things I like doing' list that was available. One person liked going to watch football and they were matched with a staff member that liked football also.

Staff supported people to develop and maintain their independence. One person cleaned their own bedroom without the need for staff support. One staff member said, "We are not here to do things for people. We are here to support them to do it themselves." A relative confirmed this also by stating, "People can do a lot for themselves."

Staff supported people's dignity and respect. Throughout the day staff supported people to the toilet. Staff discreetly prompted and supported people with this. We observed staff knocking on people's bedroom doors before entering. One staff member told us how they supported someone's dignity whilst providing personal care, "I would make sure the door was shut and ask the person if it was OK to be present."

People's bedrooms were individually decorated and contained pictures and photographs of things that people were interested in and had chosen themselves. People choose their own decorations and floor coverings. Every bedroom had a different carpet. Relatives told us people's bedrooms were clean, tidy and

could display their personal items.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and their hair was nicely combed and styled which demonstrated staff had taken time to assist people with their personal care needs.

Staff supported people to maintain their relationships with loved ones. Relatives told us that people's key workers would contact them regularly to update them and involve them in their care. The registered manager held regular social events and invited relatives into the home. A tea party was being arranged to celebrate Christmas. Relatives told us that there were no restrictions on visiting their loved ones. Relatives told us that staff were kind and caring towards them when they visited.

Good

Is the service responsive?

Our findings

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided staff with information about people's communication, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. Relatives confirmed that the registered manager and staff knew people's likes and dislikes and how they liked to receive their support.

The home operated a keyworker system. This meant that one staff member was the main contact between the person and their relative. The keyworker was also responsible for updating and reviewing the person's care plans and risk assessments. Keyworkers had put together a personal story of people's history and their likes and dislikes. A relative told us that the keyworker contacted them regularly to update them as to what was going on in the person's life.

There was a one page profile in place to give staff a quick overview of a person's needs and preferences and what was important to them. This included information about 'what people admire about me' and 'what is important to me'. The information matched with what staff and relatives told us.

People were involved in planning their own care. People had signed their plans throughout indicating their involvement. The person centred plan was set out using photographs and BSL sign, so people could read their plans. Information included 'how best to support me' and 'things I like and don't like'. A section on 'staff do these things to support me' told staff what tasks a person needed support with, such as shopping, driving a car and help with money.

Staff knew their responsibilities towards people. People's plans had information on 'our responsibilities to x'. This described how staff should support a person such as 'manage my medicines, help me develop new skills and meet new people.' One staff member said, "We want to give everyone the best life possible to achieve their aspirations and dreams."

Staff prompted people's independence and enabled people to maintain their skills. People's plans had a section called 'I do these things for myself.' This included information such as, 'I can clean my teeth, have a bath and make myself a sandwich'. Daily record notes used photographs and BSL sign so people could read them. They included information such as 'X made himself a sandwich today' and 'X wiped the surface and took out the bins'.

People's needs were assessed prior to admission and there was on going assessment of people's needs. Keyworkers reviewed people's care monthly with the person and there was evidence that people's goals were being worked on. For example, a person needed a walk in shower and this was being discussed with the housing association. People, their relatives and health and social care professionals were involved. This was evidenced in people's care plans.

The registered manager and staff were responsive to people's changing needs. Due to a person's health

condition, one person needed large handles on their furniture to open doors and draws. Staff supported the person to choose the handles and these had been fitted on the furniture. The person was now able to open their own draws. Due to a person's reduced mobility they were unable to use the stairs safely and needed a ground floor bedroom. The registered manager organised this to happen and the person is now very happy and safe in a ground floor bedroom.

People had enough activities to do. People had individual timetables in place; detailing what activities they enjoyed doing. Everyone attended a day centre. When people choose to have a day at home, people would decide if they needed to go shopping or to do some chores or activities at home. A relative said, "There are several different clubs and get together's. They [people] go to local things and they enjoy that." People chose to go on an annual holiday with each other. There were regular evening and weekend trips and meals out, which people choose what to do such as a men's bowling night.

People were listened too. There were regular residents meetings. Items such as holidays, staffing and activities were discussed.

People and their relatives knew how to complain. One relative said, "If I have a problem, I am happy to talk with the staff or the manager." Another relative said "I have no complaints. If I did I would complain, never needed to." Staff knew their responsibilities if a complaint or concern was made. One staff member said, "I would talk with the manager, set up a meeting and reassure the person that was unhappy that we would sort the problem out." The home had a complaints policy in place which detailed how a complaint should be responded too. One complaint had been made in the last two years. This had been dealt with in line with the organisations complaints policy.

Good

Is the service well-led?

Our findings

One relative said, "The home is well managed, its clean, well staffed, I can't fault them."

There was a positive culture within the home between the people that lived here, the staff and the registered manager. When we arrived at the home, the staff ensured that we were introduced to the three people who were at home; because they understood it was their home, and not just a place they stayed to get support.

The registered manager interacted with people with kindness and care. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture. The registered manager had an open door policy; we saw staff regularly approach her for a chat or advice. The registered manager was supporting a new staff member with some keyworker duties. We saw the registered manager walk around the home at certain parts of the day to talk with people and staff. People regularly spoke with the registered manager throughout the day.
Relatives and staff told us that they thought the management were supportive and approachable. One staff member said, "The manager is really good. Very approachable. She advises us and communication is clear." Staff told us that they enjoy coming to work. One said, "I love coming to work." Another said, "I enjoy my job, so that's the incentive I need to see that people are happy."

There were robust systems in place to monitor, review and improve the quality of care provided. There were various audits and checks in place to identify areas of improvement. Keyworkers had completed an 'accessible information standard.' This is a tool that ensured that all information was in a format that people could understand. People had information in a format they could understand and use. Various policies such as safeguarding and behavioural support used BSL sign and photographs.

There were regular health and safety checks in place, such as the water temperatures, fire, medicines and first aid boxes. People were involved in weekly health and safety checks, such as checking the fridge for out of date food. To ensure that the care plans were accurate and updated, the registered manager completed monthly checks. Actions were recorded and checked monthly.
Monitoring visits were completed by the operations manager. This information was fedback to the registered manager. Items had been actioned such as two people needed financial passports. This was information in relation to how their finances are managed.

People, their relatives and staff were asked for feedback. Feedback from 2015 was positive from relatives such as "Service provided is very good" and "Service provided is 1st class. Well done." Feedback for staff, relatives and people had been sent out that week.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practise issues, updates on people and training. Staff were clear about their roles and responsibilities. One staff member said, "We work well as a team. We pull together and do our best to support people."

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the CQC and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the registered manager provided on the PIR matched with what we found and saw on the day of our inspection.