

The Royal National Institute for Deaf People RNID Action on Hearing Loss Mulberry House

Inspection report

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Ratings

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

Summary of findings

Overall summary

Mulberry House is located in Walsall. The service provides accommodation and care for up to six people with sensory impairments, physical disabilities, mental health conditions and autistic spectrum disorders. People lived in their own self-contained flats on site, and also had use of a shared lounge and kitchen area. On the day of our inspection, there were six people living at the home.

The inspection took place on 1 November 2016 and was unannounced.

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. Registered providers and registered managers 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 were involved in decisions about keeping them safe and in promoting their own safety. People's freedom was promoted, whilst ensuring their safety. People administered their own medicines where it was safe for them to do so and where they wanted to be responsible for this. People received their medicines safely and as prescribed.

There were sufficient staff to safely meet people's needs and to provide support both inside and outside the home.

People were supported by staff who received ongoing training and support in their roles. People were encouraged to eat a healthy and varied diet, including fresh produce. People's health was maintained. People were involved in decisions about their healthcare options and medical appointments and their right to refuse these were respected.

People's independent living skills were promoted and people were supported to set and achieve goals in relation to independent living, where appropriate. People's communication needs and preferences were known by staff.

People's cultural and religious beliefs were respected. People were encouraged to advocate on their own behalf and make their views known.

People were supported by a flexible staff team who adapted to meet people's health and wellbeing needs. People's changing needs were responded to.

People's views were captured and acted upon, and there was a system in place for responding to complaints.

People were involved in decisions about the running of their home, including staff recruitment and general

maintenance. Staff were positive about the people they supported and their roles. The ethos of the home was one of inclusion and valuing diversity.

The registered manager monitored the quality of care provided to people and took action where any issues were identified,

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 is safe.

People were involved in decisions about how to keep themselves safe. People's freedom and autonomy was promoted, whilst ensuring their safety. There were enough staff to safely meet people's needs and people knew in advance which members of staff would be on duty.

People administered their own medicines where it was safe for them to do so. Staff supported people to take their medicines as prescribed.

Is the service effective?

Good ●

The service is effective.

People were supported by staff who had the knowledge and skills required to meet their needs. People were encouraged to maintain a healthy and varied diet. People's health was maintained and they saw a range of health professionals as and when required.

People's consent was sought in relation to how they wanted to be supported with their health and wellbeing, and their right to refuse care or treatment was respected.

Is the service caring?

Good ●

The service is caring.

People enjoyed positive relationships with staff. People's independence was encouraged. Where people had set themselves goals, staff worked with them to help them achieve these.

People's communication needs were known by staff and ways found to assist people with these.

People's diversity and dignity were respected by staff.

Is the service responsive?

The service is responsive.

People's individual preferences were adapted to by a flexible staff team. People's changing health and wellbeing needs were responded to.

People were encouraged to maintain their hobbies and interests and to develop new ones.

People's feedback was captured and acted upon. There was a system for responding to, and learning from, complaints received.

Good ●

Is the service well-led?

The service is well-led.

People were positive about the management and staff team. People were involved in decisions about the running of their home. There was an inclusive and positive culture in the home, which was reflected in the visions and values.

Good ●

RNID Action on Hearing Loss Mulberry House

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.

We made an unannounced inspection on 1 November 2016. The inspection team consisted of one Inspector, a British Sign Language interpreter, and a Specialist Adviser in relation to care and support for people with sensory impairments.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.

Before the inspection, the provider 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. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. We spoke with five people who lived at the home, the Area Manager, the registered manager, the deputy manager, and three members of staff. We also spoke with three relatives and one healthcare professional. We looked at two care records, which included risk assessments, healthcare information and information about communication styles and preferences. We also looked at the medicine administration records and comments and feedback received, including complaints.

Is the service safe?

Our findings

We looked at how people were involved in decisions about keeping them safe. All bedrooms within the home were fitted with a fire vibrator alarm pad. These were used to alert people to a fire. We saw in the risk assessments we looked at that people had discussed this with staff and had agreed to have the alarm pad fitted. One person received guidance and input from staff in relation to keeping themselves safe whilst out in the community. We saw there were risk assessments in place in relation to areas such as finances, cooking and self-injurious behaviours. Risk assessments were completed with people, where possible. For example, one person agreed for their money to be kept in a locked tin by staff, which the person had full control of. This was in relation to identified risk in relation to the person and their finances. People were involved in safety and maintenance checks of their own flats, as much as possible. One person told us they were responsible for taking their own fridge temperature checks and would let staff know if there were any problems.

People told us they felt safe living at Mulberry House, and what this meant to them. One person told us they felt safe because they could discuss any worries or concerns with staff. They told us, "If I got angry or upset, I would tell my support worker who would help me, but I don't get angry or upset often nowadays because of the help I get" (at Mulberry House). Another person told us they didn't feel safe cooking alone, and that having staff support with this was important to them. A relative we spoke with told us, "It (Mulberry House) is a safe environment."

People told us that they enjoyed their freedom whilst living at Mulberry House. One person told us, "I go out as much as I like, I just let staff know." A relative we spoke with told us that one of the strengths of the registered manager and the staff team was their approach to risk management. They told us, "They do look at the risk, but at the same time, they don't focus on the worst-case scenario, or base their decisions on historical information about people." A health professional we spoke with told us that staff managed risks well and were able to balance varied risks associated with people's care and support. They told us that staff always looked at the least restrictive options for people in terms of balancing risk whilst promoting people's freedom.

We spoke with staff about what actions they took to ensure people were protected from abuse or harm. Staff understood when matters would need to be reported to the local authority, and what were the potential signs of different types of abuse or harm; staff told us the safety of people living at Mulberry House was one of their key priorities. We saw where staff had approached management with concerns about individuals, these had been acted upon. Staff told us that they felt they could raise concerns with the registered manager or deputy manager and that they would work together as a team to address these.

We looked at how the registered manager ensured there were sufficient staff to keep people safe, both when at home and when out. People told us there were enough staff on duty. One person told us, "There are always staff around when you need them." We saw that people were given copies of the staff rota, four weeks' in advance so that they were aware who would be supporting them. A relative we spoke with told us there were sleep-in staff every night, in case of emergencies. They also told us that there were two members

of staff on duty every evening, which meant that people who required staff support could go out in the evening. The registered manager and staff told us that no agency staff members were used. This was because it was essential that people were only supported by staff members who were proficient in British Sign Language.

Before staff members were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care.

We looked at how people received their medicines. Consideration had been given to people being able to administer their own medicines and, where safe to do so, people were responsible for their own medicines. The registered manager told us, "It is about giving people as much autonomy as possible, whilst keeping the risk low." To ensure people could safely administer their own medicines, this was a gradual process where it was trialled for a week in the first instance and was then kept under review. Where people changed their minds, they were able to request that staff administer their medicines. One person we spoke with told us they applied their own creams and kept them in their flat, but that staff administered any 'as required' medicines. Where people needed staff to administer their medicines, one member of staff did this, with a second member of staff checking to ensure people's medicines had been administered as prescribed. All staff had received training in the safe administration of medicines and their ongoing competency was reviewed.

Is the service effective?

Our findings

People and relatives told us that staff had the skills and knowledge needed to care for them. One person told us, "The staff make me happy and my key worker talks to me and helps me when I am unable to do things for myself." A relative we spoke with told us, "The staff and the whole set-up there gives [person's name] the level of support they need." A health professional we spoke with told us that people living at Mulberry House had multiple and complex disabilities and conditions, and that staff "manage these extremely well. I feel confident and comfortable about recommending the service to people."

We spoke with staff about their induction, training and development. Staff told us there was ongoing training available to them, which helped them in their roles. One member of staff told us about nutrition training they had recently done. They told us this had educated them about healthy eating, which meant they were then able to support people to make healthy food choices. Another member of staff told us the provider was, "Red hot" at organising bespoke training for staff, as and when required. One member of staff told us about the induction process they had gone through. They told us the training provided had provided them with the skills and knowledge they needed to do the role, combined with the support and mentoring they had received from the staff team and the registered manager.

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. At the time of our inspection, there were no concerns about people's eating or drinking needs, or about people's weight. People prepared their own meals, with staff support as and when required; one person told us that staff helped them with menu planning. We saw that healthy eating was encouraged. There was a vegetable garden on site, and people were able to eat fresh produce. There were also chickens on site, which meant that people could use any eggs which were laid. Staff regularly brought in different fruits for people to try. As a result, one person now enjoyed eating a particular type of fruit.

People told us they had access to healthcare professionals and were supported to maintain good health. One person told us, "If I needed a doctor, I would tell staff and they would sort it out for me. But I am healthy and rarely need to go." We saw that people were supported to access a range of health professionals and health services, including community psychiatric nurses, dentists, opticians, and audiology clinics. We saw that people's consent and views had been sought in relation to whether they wanted to attend certain medical appointments, such as whether people wanted to have the influenza vaccination.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within

the principles of the MCA.

We looked at how the MCA was being implemented. The registered manager and staff were able to explain to us the key principles of the Act and how this influenced their day-to-day practice. One member of staff told us, "It is their right, their choice and their decision-always". During the course of our inspection, we saw instances where people's consent was sought and their choice respected. For example, one person refused a medical appointment. Staff explained to the person why the appointment was important and encouraged them to attend. However, as the person was clear they did not want to go to their appointment, staff abided by the person's wishes.

At the time of our inspection, people living at Mulberry House had the capacity to consent to decisions regarding their individual care and support needs and therefore, no DoLS authorisations were in place. However, the registered manager and staff understood when DoLS would need to be considered for people and the process which would have to be followed.

Is the service caring?

Our findings

People told us, and we saw that, they enjoyed positive relationships with staff. One person told us, "I am very happy here. I talk to the staff a lot, they are all very good." Relatives we spoke with were positive about how well the staff team knew people living at Mulberry House, and about the staff team's caring approach. One relative told us, "[family member] has built very good relationships with a lot of members of staff."

People told us their independence was encouraged and promoted. One person told us, "I sometimes need a bit of help with cleaning and cooking, but I like to do as much as possible by myself." A relative we spoke with told us the staff helped people to develop the skills required for independent living. We saw that people did their own food shopping, where possible and that this helped to maintain independence; one person told us they liked sorting out their own food shopping by themselves. We saw that staff had supported one person to apply for a hearing dog in order to increase that person's independence. Another person had set a goal of living independently in a particular city. In order to help the person prepare for independent living, the person had agreed with staff that they would have one hour of support, three times a day. This was so the person could get experience what independent living would feel like and decide whether they were ready. The registered manager told us, "We (staff) are as much in the background as possible."

Although people had access to independent advocates if they required, staff told us they promoted self-advocacy for people. The registered manager told us, "We promote their rights. They all know what they should expect for themselves in terms of adjustments, such as an interpreter". People were also encouraged to self-advocate in terms of their cultural beliefs and preferences. Staff told us that one person's beliefs meant that they ate Halal meat and that the home's recent Halloween party, the person made sure that their beliefs had been respected in terms of the party food.

We looked at people's individual communication needs. Staff were knowledgeable about people's preferred communication styles. For example, staff told us that one person did not respond well to open questions. We saw staff tailored their communication style for this person so they did not feel frustrated. Staff had raised funds for one person to be able to buy a piece of assistive technology to help them to communicate. The person's relative told us that staff had been very proactive in raising funds to help the person obtain this device.

People told us they felt treated with respect and dignity. One person told us, "We all respect each other. All the staff can sign, so it means no one is left out." People also told us that they had privacy in their flats and that they could spend time alone when they chose to. People told us they knew that staff would respect their confidentiality and that they trusted them. The registered manager told us one way of maintaining people's dignity where they struggled with personal care was to bring samples of different toiletries to people's weekly 'house meeting.' Everyone could then sample these products and find out what they enjoyed using, rather than singling individual people out.

We asked staff about their understanding of equality and diversity and how this underpinned their practice. One member of staff told us, "Everyone is treated completely differently. Equality is not about treating

everyone the same. It is about having regard for people's individual needs and preferences." Staff told us the provider embraced diversity in the staff team, which they felt was important as it meant that people were supported by a diverse team.

Is the service responsive?

Our findings

We looked at how the provider responded to people's individual needs and preferences. We saw that staff working hours were flexible to meet the needs of people living at Mulberry House. For example, one person's sleep pattern meant that they needed support late at night and in the early hours of the morning. In order to ensure this person received support when they needed, a 'twilight shift' had been introduced. This shift was created to fit around the person's support needs and preferences. A health professional we spoke with told us, "Staff (at Mulberry House) enjoy finding creative ways to meet people's needs, in the least intrusive way possible."

We observed a staff handover during our inspection. A handover meeting is where staff on the previous shift hand information over to staff coming on duty. Changes to people's health and wellbeing were discussed and relevant information was passed on. One person had asked to go swimming, so this was discussed and arrangements made to support the person with this.

People told us they led active and varied lives. One person told us they enjoyed going to the library and out into town. On the day of our inspection, we saw that people enjoyed individual leisure and social pursuits. This included horse-riding, shopping and going to the gym. A relative we spoke with told us, "Anything people express an interest in, the staff arrange a taster so that people can see whether they enjoy it. If they do, the staff then try to find somewhere to go. [Person's name] now enjoys archery because staff arranged a taster and then found an archery place."

We looked at how the registered manager dealt with complaints, feedback and suggestions about the service, and whether people knew how to complain. On the day of our inspection, a person living at Mulberry House had an arranged meeting with the Head of Service, which the person had arranged themselves. The registered manager told us that everyone had the contact details of the Head of Service and were encouraged to contact them, or the provider, if they wanted to. We looked at the complaints procedure, which we saw was in accessible formats for people, including Braille for people with dual sensory impairments. Where complaints had been made, these had been investigated, the outcome shared and any learning points noted.

People told us they had weekly 'house meetings' in which they could express their views and make suggestions. One person told us, "We talk about the future, about going out and what we like to do." One suggestion had been to keep chickens in the garden, and this had been acted upon.

Is the service well-led?

Our findings

People and relatives we spoke with were positive about the running of Mulberry House. One person told us, "I talk to [registered manager and deputy manager] a lot. They work hard." Another person told us, "Mulberry House is a nice place to live." One relative we spoke with told us, "What I really like is that if staff don't know the answer to a question, they go away and learn and then come back to you. That is the culture there."

We looked at how people were involved in the running of their home. One way in which people were involved was through the maintenance and development plan. People were asked annually whether they thought any improvements or changes were needed within the structure and fabric of the home. As a result of people's feedback, new garden furniture had been bought. People were also invited to attend the monthly staff meetings, once any confidential matters had been discussed. One person enjoyed writing their own 'daily notes' in their care file. We saw this person write their own notes on the day of our inspection and that this was encouraged by the staff team. People also told us they were involved in the recruitment of new staff. This varied from setting interview questions, asking questions and generally providing feedback on prospective new staff members.

The registered manager promoted a positive and inclusive environment for people living at Mulberry House. On the day of our inspection, people were regularly in and out of the office throughout the day, with some people choosing to spend their time in there with staff members. The registered manager told us that one purpose of the weekly 'house meetings' for people was, "Deaf people living in residential settings sometimes miss out on the wider world. We keep them informed of topical issues."

The registered manager had established links with the local community for the benefit of people living at Mulberry House. People told us about the positive connections with the local deaf community and the Society for Deaf People; three people we spoke with told us they enjoyed attending the Society.

Staff told us they felt supported by the registered manager. One member of staff told us, "[registered manager] is brilliant. They are always there for advice and are always happy to help." Staff told us they had regular one to one meetings with the registered manager or deputy manager, which they found useful. One member of staff told us, "Without those, you would hold on to any frustrations you have and that just wouldn't work."

Before our inspection, the registered manager and deputy manager had involved the staff team in evidencing the Care Quality Commission's 'key lines of enquiry'. For the well-led evidence, staff had commented that the management team were, "Open and honest. They take time to listen, no matter how trivial or how serious. Staff were aware of the provider's whistleblowing policy and told us they were confident action would be taken in the event concerns were raised. The registered manager told us they were well-supported by the provider. They told us the provider visited regularly to speak with people and staff and that there was always someone available to provide advice.

The visions and values of the home were displayed in the office area. Staff we spoke with told us they had all been involved in this process and had agreed the values and themes included fairness, positivity, inclusion and progression. Staff told us the vision included helping people to achieve their dreams and keep everyone happy and safe.

We looked at how the registered manager monitored the quality of care provided to people. The registered manager told us they worked some care shifts in order to monitor the day-to-day practice in the home. They told us, "I have my eye well and truly on the ball." This was reflected in what people, relatives and staff told us. We saw that whilst the registered manager and provider had formal measures in place for obtaining people's and relatives' views, such as through annual questionnaires, there was a continual process of listening to people. The registered manager told us, "People living here come up and tell us all the time what they think, if there is a problem and what they want, and we encourage that." This was reflected in what people told us.

The registered manager had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.