

# The Royal National Institute for Deaf People Westcliffe 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

This inspection took place on 28 April 2017, was unannounced and carried out by two inspectors.

Westcliffe House provides accommodation and support for up to 14 younger adults with learning disabilities and sensory impairments. The service is a large period house divided into self-contained flats. The flats are arranged over four floors and there is a lift to assist people to get to the upper floors. There are two four bedroom flats, one two bed roomed flat and four one bedroom flats. There were 11 people living at the service at the time of our inspection.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks to people. Accidents and incidents had been analysed for each person, this information had been used to complete risk assessments to reduce the risk of the event happening again. People received their medicines safely and on time.

Staff knew about abuse and knew what to do if they suspected any incidents of abuse. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service. Staff were confident that any concerns they raised would be investigated to ensure people were safe.

Health and safety checks had been completed to ensure the environment was safe and equipment worked as required. The registered manager did not have all the certificates available during the inspection. The registered manager supplied these following the inspection. However, the checks all required updating, the registered manager has made arrangements for these to be completed. We recommend that the provider completes these checks as soon as possible.

The provider had a recruitment policy and processes in place to make sure staff were of good character. Staff received training appropriate to their role including British Sign Language and managing challenging behaviour. Some training needed to be updated and there was a plan in place for this. All new staff completed an induction; this included shadowing experienced staff to learn about people's preferences and behaviours. There was sufficient staff on duty to meet people's needs.

Staff had not been receiving formal one to one supervisions and appraisals to discuss their training and development. The registered manager had identified this and there was an action plan in place to address this. Staff told us they felt supported and their training needs had been identified.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to

ensure decisions made for people without capacity were only made in their best interests. Staff knew the importance of giving people choices and gaining their consent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions of their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Some people had an authorised DoLS in place and these were reviewed regularly.

People enjoyed a choice of healthy, home cooked food. People were supported to shop and cook their own meals. People's health was assessed and monitored and staff took prompt action when they noticed any changes. Staff worked closely with health care professionals and followed the guidance given to them.

People were happy living at the service. There was a strong caring relationship between staff and people that encouraged people to be confident and independent. People were supported to maintain contact with their family and friends. People's religious and cultural needs were recorded and respected.

People's support plans were person centred and people were encouraged to be involved in planning their support. People were encouraged to maintain as much independence as possible.

There was effective and regular auditing of the quality of the support provided to people. Families, staff and health care professional were asked their views on the quality of the service provided. The results of these surveys were kept at the provider head office. The registered manager had not had access to assess the information and use any suggestions to improve the service. This was an area for improvement.

The provider had submitted notifications to CQC in a timely manner in line with guidelines.

This was the first inspection since the provider took over the service.

## 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 assessed and there was guidance for staff on how to reduce risks. Staff knew how to keep people safe and how to recognise and respond to abuse.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

### Is the service effective?

Good ●

The service was effective.

Staff had not received formal one to one supervisions, however, staff felt supported and their training needs had been identified.

Staff had completed training appropriate for their role.

Staff knew the importance of gaining people's consent and giving them choices. People were supported to make decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met.

People had enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Staff were friendly, compassionate and kind. They promoted people's dignity and treated them with respect.

Staff knew people well. They supported people to be as independent as possible.

People were encouraged to be involved with planning their support.

People's confidentiality was respected and their records were stored securely.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Each person had a support plan which centred on them and their preferences. Support plans were reviewed regularly with people.

People were encouraged to take part in activities they enjoyed.

People had access to the complaints procedure in a form they could understand. Complaints were dealt with appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Families, staff and health professionals were asked for their views on the service provided. The registered manager had not had access to the results to use these to improve the service.

There was an open and transparent culture. People, staff and families were encouraged to speak to the management team whenever they wanted.

Regular and effective audits were completed. Actions had been taken when shortfalls were identified.

Notifications had been submitted in line with guidance.

# Westcliffe 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. The 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.

The inspection took place on 28 April 2017 and was unannounced. The inspection was carried out by two inspectors.

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. We reviewed the information included in the PIR, along with other information we held about the service.

We looked notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.

During the inspection spoke with the registered manager, deputy manager, five support staff and relatives visiting the service. We looked at how people were supported throughout the day with their daily routines and activities. We looked around the communal areas of the service and people showed us their individual bedrooms.

We assessed if people's support needs were being met by reviewing their support records. These included four support records and risk assessments. We looked at a range of other records, which included staff recruitment files, staff induction records, training and supervision records and quality assurance surveys and audits.

This is the first inspection of the service under the new provider.

# Is the service safe?

## Our findings

People appeared happy and relaxed in the company of each other and staff.

Environmental risks had not been consistently assessed. During the inspection the registered manager was unable to provide evidence that checks had been made. For example, checks on the wiring, legionella and asbestos. Since the inspection the registered manager has provided documentation of when the checks had been made. However, the checks all require up dating, the registered manager has made arrangements for these to be completed. We recommend that the provider completes these checks as soon as possible

Accidents and incidents were recorded and analysed on an individual level to inform support plans. However, they had not been analysed for overall trends and patterns to help reduce the risk of them happening again. The registered manager told us that head office completed this but there were no records at the service, so this analysis had not been used to improve the support that was provided to people or reduce the risks of incidents happening again. This was an area for improvement.

People were protected from the risks of abuse. Staff knew what to do if they suspected any incidents of abuse. Staff told us, "If I had any concerns I would speak to the manager or deputy." Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff were confident the provider would listen to their concerns and take appropriate action to make sure people were protected and kept safe.

Risks to people had been assessed. Each person had a health and safety file, this contained risk assessments for potential risks that had been identified for that person. The risk assessments contained details of what people were able to do for themselves and when staff needed to support to mitigate risk. For example, one person was supported to clean their flat. Staff had clear guidance to keep the person safe while using cleaning products.

Some people living at the service had behaviours that may challenge. There was detailed guidance to explain the triggers to the behaviour and a positive behaviour support plan was in place. For example, one support plan gave 18 ways for staff to support the person and minimise the triggers to behaviour. Incident reports were completed, these had been analysed and the information used to update the support plan when required.

There was enough staff to support people when they needed it. Staffing was planned around people's needs and activities. Staff told us there was enough staff on duty to support people to do the things they wanted to do. People's diaries showed that they had gone out into the community, attended health appointments and social activities such as swimming when they wanted to. The registered manager had recruited staff to reduce the number of agency staff used. One relative told us they were concerned that agency staff were unable to communicate with people as they did not know sign language. The registered manager told us the same agency staff were used and they did not work on a one to basis with people. The registered manager had recently employed three staff that were deaf, who used sign language as their first language.

The provider had recruitment policies which were followed. During the inspection the references for a new member of staff were not available. The registered manager told us that the provider's head office had obtained the references. The registered manager provided evidence of references for the staff member following the inspection. These had been obtained before the person started work at the service and been verified.

Checks were made on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The checks included proof of identity and a full employment history. New staff did not begin working at the service until all the checks had been completed.

People received their medicines safely and on time. Medicines that were in use were kept in a locked cupboard in people's rooms. Staff were trained in how to manage medicines safely. Staff were observed supporting people with their medicines, by the management team, to check that they remained competent to do so. Medicines were managed, stored and disposed of safely and in line with guidance. Staff checked the temperature of the rooms to make medicines were stored at the recommended temperature to be effective. Some people were prescribed medicines on an 'as and when' basis such as anxiety medicine. There were detailed guidance about when these medicines should be given. People's medicines were reviewed by their doctor to make sure they were suitable.

## Is the service effective?

### Our findings

People were supported to make choices about the care and support they received including how they spent their time and what they ate. During the inspection we observed people being given information in ways they understood to help them make decisions. Staff respected the choices people made and supported them when they needed help.

Staff received training appropriate for their role including British Sign Language and managing challenging behaviour. Some training needed to be updated and there was a plan in place for this. All new staff completed an induction; this included shadowing experienced staff to learn about people's preferences and behaviours.

During their probation period, staff completed the care certificate. This is a set of nationally recognised set of standards that social care workers adhere to in their daily life. Once staff have completed their probation staff completed an adult social care vocational qualification. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability to carry out their role to the required standard.

Staff said they felt supported by the registered manager and deputy manager and they worked closely as a team. Staff had not been receiving formal one to one supervisions and appraisals to discuss their training and development. The registered manager had identified this and there was an action plan in place to address this. The registered manager or deputy manager spoke with staff on a daily basis and were available for staff to speak to privately. Staff told us they felt supported and their training needs had been identified.

The Mental Capacity Act 2005 (MCA) provides a legal framework for 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 so that they can 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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's ability to make decisions had been assessed. Records showed that assessments were specific to each decision. Staff supported people to make decisions and choices. Staff told us, "Asking someone if they want to go out to eat is not a choice, where they would like to eat is a choice." Previously, people had not been given choices, during the inspection we heard staff say, "It is your choice where you want to go not mine," this encouraged people to make decisions.

When people were unable to make decisions a best interests meeting was held. For example, one person's family were moving away for a year. A best interests meeting was held to decide if it was in the person's best interests to go with them, staff, relatives and other professionals were involved. Some people had a DoLS authorisation in place, the service were meeting the conditions of the authorisation.

People were supported to eat a healthy diet. People were encouraged to choose the meals they wanted during the week. Staff supported people to make choices by showing them pictures of meals. Staff supported people to shop for the supplies and to cook the meals. The level of support people needed varied but people were encouraged to take ownership. A picture menu was displayed in each kitchen so that people knew what had been chosen for each meal and could be altered if people wanted to.

Each person had a nutritional support plan in place. This included people's likes and dislikes and what support they needed to be as independent as possible with their meals. Some people required nutritional supplements, a soft diet or their fluids thickened. Staff ensured that this happened so that people remained as healthy as possible.

Previously people had not been referred to specialist health professionals. Staff had identified that support that people had needed and referred them as required. People now had support from dietitians, speech and language therapists, the community learning disability team, dentists and psychiatrists. Staff support people to attend appointments and ensure that any recommendations from the professionals are included in the support plan and followed.

## Is the service caring?

### Our findings

People were relaxed in the company of staff. People appeared happy and confident, approaching us to introduce themselves and find out who we were. People wanted to show us around their rooms and interact with us.

One relative wrote, "(Relative) was the most relaxed and happy we have seen them in a long time, and we can see growth in their self-control and maturity."

People had their own rooms; people had been encouraged to decorate their rooms as they wanted. One person had decided to have planes on the walls while another liked the underground and had chosen a different tube line colour for each wall. There were photos of people's families and favourite pop stars on the walls. Each bedroom showed each person's personality and people were proud to show us their rooms.

Staff were in the process of decorating one person's flat. The person relied on touch and texture to experience their environment. They had chosen wallpaper that was flamingo themed. Staff were going to attach feathers to the flamingos so the person could 'feel' the wallpaper.

People were happy in the company of staff. People greeted the registered and deputy manager with hugs and smiles, busy signing their news. People were happy to meet the inspectors, one person asked an inspector to scratch their back and another person wanted to stroke the inspector's hand. This behaviour was from people who could display behaviours that challenge, they had felt happy and safe in the company of people they didn't know. There was a strong caring relationship between people and the staff.

Staff were respectful to people and encouraged them to express themselves and live together as a group. When there were disagreements between people, staff encouraged people to take responsibility for their actions. This meant that people treated each other with respect.

Staff encouraged people to be as independent as possible. There were timetables on the wall when people were able to use the washing machine and a cleaning, like any flat share. Staff supported people to do these activities, people took pride in their rooms and how tidy and clean they were.

Staff used a privacy light button before entering people's rooms. This button caused a light to flash in the room so that people knew someone was at the door, as they wouldn't hear them knock. Staff respected the decisions that people made and gave them space when they wanted it. People and staff were observed spending time together in the communal areas, chatting and laughing.

People were encouraged to attend their care reviews with other agencies and express their views about their care and support. The registered manager told us, "Although this is residential care, we are not here to do it for them. We are here to support people to learn life skills." The deputy manager told us, "We want to give people control to be the people they should be."

Staff encouraged people to have relationships with their families. People spent weekends and holidays with their families. Staff took people to see their families; during the inspection two staff drove someone to Woolwich, for the weekend with their family. People took home a diary, staff completed it with information about what the person had done and any changes to their care. The family completed the diary for when the person was with them, this meant that staff knew what had happened and were able to talk about what the person had done.

People had photos on their walls of the trips they had taken; a particular favourite was a trip to Winter Wonderland. People had photos of their holidays with family and staff encouraged people to talk about these and what plans people had for future holidays.

People's religious and cultural needs and preferences were recorded and respected. Staff supported people to attend places of worship. When staff did not have knowledge about a person's religion, staff were educated so that they were able to support the person. One person followed the Muslim religion. Staff ensured that their food was prepared appropriately and their personal hygiene needs were met according to their religious beliefs. The registered manager had employed a member of staff, who followed the same faith, to help support the person.

People's care records were stored securely to protect confidentiality.

## Is the service responsive?

### Our findings

Staff understood what people needed and responded to their needs. Staff were passionate about the quality of life the people they supported should be able to lead. Staff said, "(The person) fought hard to survive when they were born, we should fight hard for them to live the life they deserve."

The service offered support to a group of people with learning disabilities who were also deaf and or blind. People were at the centre and everything revolved around them making sure they had everything they needed to lead independent and fulfilling lives. The registered manager told us, "It is about everyone as an individual."

People's needs were assessed before they came to live at Westcliffe House. This covered their likes and dislikes, routines and what activities they like to do. Relatives were asked to complete forms with detailed information about the person. The assessment had information on what was important to know and what was important for staff to know to allow them to support the person. People were encouraged to spend days and then weekends at Westcliffe House before they moved in permanently, to ensure they were happy. The information from the admission assessment was used to form a support plan that was relevant to the person.

Staff were always looking for ways to improve people's care and support. Staff identified challenges that people may face in the future and put plans in place to support that person. One person followed the Muslim faith and displayed behaviour that challenged when they did not understand what was happening. Their parent was receiving end of life care, staff had identified that this was going to be an upsetting and challenging time for the person. The staff had put together a plan to minimise any distress the person may experience. There was information for the person in picture form explaining what was going to happen, the pictures showed people of Muslim faith so it was relevant for the person. Staff had contacted specialist health professionals who would come to the service to support the person and the staff when they needed it. Staff had also ensured that they had the correct clothing to attend religious occasions and were on call to support the person at short notice.

Staff identified when people's care and support could be improved. Support plans identified goals for people and how they would be supported to achieve this. One person who was deaf and blind had not previously been supported to improve their independence and complete activities. Staff had arranged for an assessment in a sensory room to understand the person's needs. This assessment had been used to develop a support and communication plan. The person had developed objects of reference, if they were going out in the car, the person was given the car key or going to have a wash the person was given their 'scrunchie' sponge. The person had been supported to develop sensory cooking and tactile activities to promote choice. Staff were supporting the person with the occupational therapist to stand with a frame and encourage any mobility that may be possible.

People's support plans were reviewed and updated when people's needs changed. Support plans were detailed with clear guidance on how to support and develop people. There was information on what the

person could do independently and what they needed support with for each activity. There was a plan to develop the person's independence within that activity with guidelines for staff to encourage people to be as independent as possible. People were given the opportunity to discuss their support with their keyworker at monthly meeting, these were recorded in a form that people could understand.

Some people had previously displayed behaviour that challenged when they went out. Staff had used the information they had gained from incident reports to devise a support plan that enabled staff to support the person safely. The person went out whenever they wanted and were able to do the activities they enjoyed.

Staff had developed routines for people that they were able to follow so that could be independent. For example, one person who was deaf and blind followed a routine in the morning that meant they were able to wash and dress themselves and eat their breakfast independently. The person would then strip the bed. They had not been able to do this before staff had developed the plan and given them positive reactions to what they were doing.

People were supported to attend activities in the community and within the service. People spent time together and in their own rooms. People were encouraged to spend time in the garden and helping to maintain it, one person enjoyed cutting the grass and others helped with the raking and clearing up. People were supported to go swimming, trampolining and cycling. People enjoyed eating out or bringing takeaways back to the service.

Staff told us, "Choice should always be there. It should be achievable, might not be able to go to Disneyland today, how about Dreamland."

The provider had a complaints procedure in place. There was an accessible copy in each bedroom. There had been one complaint recorded, this had been dealt with following the procedure. There had been an investigation and action plan completed. The person's support plan had been updated to include the findings of the investigations.

## Is the service well-led?

### Our findings

The registered and deputy manager worked as a team and had an open door policy for both staff and people. During the inspection people and staff were constantly in the management office, people knew the management team well and were happy in their company. One relative wrote, "We can't thank you enough for all the support and guidance and friendship you and your staff have given (my relative), there are no words to describe how much it means to us and least of all our (relative)."

The registered and deputy manager had been employed by the provider at other services before coming to manage Westcliffe House. The previous provider had not supplied any information about people living at the service and the staff team was demoralised.

Checks had been made on the environment, not all the paperwork had been available at the inspection as it was kept at head office. The registered manager had provided this information after the inspection. When shortfalls had been identified action had been taken to rectify shortfall.

Quality assurance surveys had been sent to relatives, staff and healthcare professionals. The results of the surveys were not kept or analysed by the service. The registered manager had not assessed the results and used this to improve the service. This was an area for improvement.

The registered manager told us, "The biggest challenge was raising staff confidence and training. I know the staff care, but they did not always go about it the right way." Staff told us that they felt supported by the management team. Staff told us, "I can go to the manager or deputy about anything and I know they will listen and sort it out." The deputy manager told us, "The registered manager and myself work with people and staff, so that they know we understand their needs."

The management team had collated medical and personal information for all the people living at the service. They had used this information to write detailed, person centred support plans and to refer people to the healthcare professionals they previously had not had access to.

The management team had supported staff and people to be involved in the running of the service. Staff meetings had been held for staff to discuss any concerns or put forward ideas for the service. Staff had not received one to one supervision; there was a plan in place for this to start. Staff told us they saw the management team on a daily basis and had received the training and support they needed. The registered manager told us, "Staff were caring but needed to be supported and guided within their role."

Staff morale was high, staff knew what their responsibilities were and how they could meet and maintain them. Staff understood the aims of the service and the philosophy of care, they shared the vision of what they wanted the service to become.

The management team had completed audits on the quality of support being provided to people. Action plans had been devised to address any shortfalls and these had been completed. People were asked their

opinions on their support and the service at monthly review meetings with their key worker.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.