

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Easthill Home for Deaf People

7 Pitt Street, Ryde, PO33 3EB

Tel: 01983564068

Date of Inspection: 17 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Hampshire & Isle of Wight & Channel Islands Association for Deaf People Limited
Registered Manager	Mrs. Karen Melville
Overview of the service	Easthill Home for Deaf People is a care home for deaf people with dementia, other mental health conditions and physical disabilities. It is registered for a maximum of 15 people and does not provide nursing care. It is located in a residential area of Ryde.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

At the time of our visit Easthill was registered for the regulated activities "Personal Care" and "Accommodation for persons who require nursing or personal care". The manager confirmed they were not currently providing personal care in people's own homes, so our inspection did not include that activity.

We spoke with three out of 14 people using the service and a social worker who was visiting one of their clients. They told us Easthill was a friendly place with "good relationships between staff and residents". They said that care and support were delivered according to people's needs, and that they were given choices. People's care was adapted to the individual and their independence and privacy were respected.

We found that people were involved in their care and support, which was delivered according to person centred care plans. People using the service were protected against the risk of abuse. The provider had effective recruitment and induction processes and made the necessary checks before new staff started work. There were systems in place to monitor and improve the quality of the service.

We carried out this inspection with an expert-by-experience who was an advocate for deaf people. They found it to be a "nice home where residents received appropriate care and [attention to their] needs to make sure they were safe from harm." There were members of staff who understood deaf culture because they were themselves deaf or had deaf family members.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The service accommodated the specific requirements of deaf people.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. They told us they appreciated having members of staff who were themselves deaf and fluent in British Sign Language (BSL). Hearing members of staff were all learning BSL, but people said it was particularly important to have staff who could also see things from a deaf person's perspective. The service brought in interpreters if people had appointments with external healthcare professionals. This showed that the support provided was adapted for and appropriate to deaf people.

People expressed their views and were involved in making decisions about their care and treatment. People using the service were assigned a key worker who worked with them in assessing their support needs and reviewing their care plans. If people were not able to express their views directly, their assessments were done in conjunction with family members or specialist social workers. One person using the service confirmed that they had "plenty of choices" and were satisfied with the service they received.

People were supported in promoting their independence and community involvement. People told us and we observed that their independence was respected: one person using the service was able to look after their own financial affairs, arrange trips, manage their own medicines and clean and tidy their own room. This person told us that staff listened to and respected their privacy and choices. However, on one occasion recently this person had been unwell and was unhappy that staff had cleaned their room and moved their belongings without their permission. They had found the member of staff's response had been inappropriate and rude. We raised this with the manager who was aware of the incident. They told us they would ensure that people's consent was sought in future before staff did things for people that they normally did for themselves.

The service provided a number of activities to support people's involvement in the community. These included attendance at deaf clubs, sailing trips for people with

disabilities, trips to the theatre and bowling, and holidays in the UK and abroad. People were given opportunities to participate in the outside community.

People's diversity, values and human rights were respected. We looked at five care plans and saw that people's assessments took into account their personal choices and diversity. The plans included sections on special dietary requirements, people's past history and things that were important to them. We saw in the kitchen that people were able to register their food choices and that these were assessed against medical conditions and allergies. This showed that individual preferences and requirements were accommodated.

As well as two members of staff who were themselves profoundly deaf, other staff members had deaf family members and were aware of the needs of deaf people. Plans were in place to share this knowledge, for instance how to communicate with deaf people, by means of staff workshops. We saw that there was a Skype enabled computer that people could use to contact their families and to communicate with them using BSL. There were plans for adaptations to the building and fixtures to make them more appropriate to the needs of people using the service. For instance, a mirror in the lift would enable people in wheelchairs to see the person behind them so they could still communicate. The service took into account the specific needs of deaf people in its plans.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. People's safety and welfare while using the service were ensured by risk assessments.

Reasons for our judgement

People's needs were assessed, and care and treatment were planned and delivered in line with their individual care plan. We looked at the care plans of five out of the 14 people using the service. We saw that they were detailed and thorough, and had been developed either with the person concerned or their family members. One of the people we spoke with said they were happy with their plan and understood what it was for. They confirmed that staff understood their needs and delivered support in line with their plan. A visiting social worker said that [the service] "provided the care that was required". All the care plans we looked at had records of visits by district nurses and doctors, and of hospital appointments. There were also records of appointments relating to specific conditions such as asthma or diabetes, and of appointments with other professionals such as dentists, chiropodists and opticians. This showed that people received care, support and treatment according to their own personal needs and requirements.

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans contained risk assessments for risks affecting their own wellbeing, such as the risk of falling and making inappropriate friends when in the community. Risks to others posed by certain behaviours were also assessed, for instance it was recommended that one person only use plastic cups and plates, and another person was liable to open doors suddenly and endanger people walking by. There were environmental risk assessments which included risks associated with a large opening window on the first floor, risks from sharp corners on a bath which could be lowered and raised by a motor, and risks associated with securing wheelchairs in the service minibus. Action plans were in place to mitigate risks to people's safety.

There were arrangements in place to deal with foreseeable emergencies. The service had plans if they had to evacuate the building and arrangements had been made for temporary accommodation in a nearby church hall, and a local hotel if the emergency lasted longer. Fire escape plans were clearly displayed throughout the building using signs as well as words. The manager told us that the fire alarm included red flashing lights and would also trigger a vibrating alarm under people's pillows at night. At the time of our visit a new alarm call system was being installed which would alert deaf members of staff using pagers if assistance was required in a person's room or if one of the outside doors had been opened. The service had emergency plans which were adapted for a population of

deaf people.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff were aware of the risk of abuse and what to do if they suspected abuse.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke to four members of staff, who were on duty providing care and support to people during our visit. They were aware of the different types of abuse, the signs to look out for and the procedure to follow if they witnessed or suspected abuse. They were confident that either the manager or the provider would deal with any allegation of abuse appropriately, and they were aware of external contacts for the reporting of abuse. Contact telephone numbers for staff to report suspicions or allegations of abuse were displayed in the staff office with instructions how to access the safeguarding procedure. Staff were aware of the risk of abuse and of their responsibilities.

The manager told us that they had attended a "teach the teachers" safeguarding course and now delivered safeguarding training to all members of staff themselves. The training was based on the local authority's safeguarding policy. Members of staff told us that safeguarding was also included in the training for external qualifications which they were taking. The provider may wish to note that the training records indicated that eight members of staff had not received their safeguarding refresher training at the time indicated in the training matrix.

The provider responded appropriately to any allegation of abuse. We saw the records of actions taken in response to three incidents where abuse through neglect or omission was alleged. These had all been followed up in conjunction with the local safeguarding authority, and changes had been made as a result. Safeguarding issues were investigated and actions taken accordingly.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The manager told us that all members of staff were trained in the Deprivation of Liberty Safeguards (DoLS). They had made an application under the safeguards in the past, but none of the people using the service at the time of our visit were affected. We saw that people's care plans included an assessment of the likelihood of an application being made under DoLS and that the assessments were updated in response to changing circumstances. The correct procedures were in place if it should be deemed necessary to restrict the liberty of

any person using the service.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work and there were effective recruitment, selection and induction processes in place.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the files of three out of 16 members of staff and saw that all the appropriate checks had been undertaken before they started work. They all had two references, proof of identity, address and right to work in the UK, and Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks. The provider ensured that employees were suitable for work in social care.

There were effective recruitment and selection processes in place. The manager described their recruitment and interview process. This included an initial shortlisting by the manager with one other member of the management team. Candidates were then interviewed by a panel of two or three people, using a standard set of questions and scoring system.

There was a four day in-house induction which included all the home's procedures, health and safety, dealing with challenging behaviour, the premises, and people using the service and their specific care requirements. This was followed by an induction to social care based on the common induction standards published by Skills for Care. After induction, new employees spent three shifts shadowing a senior member of staff and then had a six month period of probation. The provider had suitable selection and induction processes.

Staff told us that their induction had prepared them adequately before they started work. One member of staff told us that people using the service were asked their opinion of new employees before they finished their probationary period. People using the service themselves were happy that staff had care and support skills, but would prefer they were all trained to British Sign Language (BSL) level 3. The manager told us that there had been one case where a new employee had their probationary period extended. The selection and induction processes resulted in employees who had the right skills and experience for the job.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to assess and monitor the quality of service that people received. The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People using the service told us that they could make suggestions for improving the service or raise any issues at regular house meetings. The manager told us that these took place every six weeks. We looked at the minutes of the last two meetings and saw that they included items such as suggestions of venues for trips and annual holiday destinations. Staff told us that people's care plans were reviewed regularly with their key worker, and we saw that these included a section called "what needs to change". This showed that people using the service had opportunities to comment on their care and treatment.

Staff could express their views either at staff meetings or in their bimonthly supervisions. The manager told us they had an "open door policy", and this was confirmed by staff. One member of staff said they would "just tell them" if there was something that their managers needed to know. This showed that there was an open culture of communication amongst the staff.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We reviewed the records of recent incidents and investigations with the manager and found that they had been followed up and actions taken. Where incomplete medicine administration records had been found, the incident had been followed up with staff observations and retraining. A more serious incident in which a person using the service had sustained an injury had been followed up with new risk assessments, operating procedures and disciplinary action. Lessons were learned and changes made in response to incident investigations.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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