

Review of compliance

The Royal National Institute For Deaf People RNID Action on Hearing Loss Leopold Muller Home

Region:	South West
Location address:	Poolemead House Watery Lane Twerton Somerset BA2 1RN
Type of service:	Care home service with nursing
Date of Publication:	December 2011
Overview of the service:	Leopold Muller provides accommodation and nursing care to 22 deaf and deaf blind people with additional complex care needs.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

RNID Action on Hearing Loss Leopold Muller Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 November 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

When we visited Leopold Muller we took an 'expert by experience' with us. The expert by experience in this case was someone who is deaf themselves and has experience of communicating with deaf people with complex needs. We took an interpreter with us to further assist our communication with the 'expert by experience' and people who use the service. The purpose of involving an expert by experience is to help us understand the views of people using the service.

We spoke with people who used the service using sign language and other forms of communication such as lip reading.

People told us that they felt safe at the home and that the staff are "nice".

A staff member told us "I have worked here about seven years. And I love it".

We observed staff interactions with people over the lunch time period in the dining room and in the lounge area. We saw that sometimes staff members did not communicate fully with people.

People told us that the food was 'good' and we saw that there was plenty for people to eat. There was assistance for them to maintain their personal hygiene and that their privacy and dignity was respected. People told us that their rooms were well decorated and comfortable.

What we found about the standards we reviewed and how well RNID Action on Hearing Loss Leopold Muller Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

We found that people are involved in making decisions and choices about their care and treatment.

We found that Leopold Muller Home was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who use the service are properly cared for and their welfare is maintained. Some people do not always have their needs fully met because staff interactions and communication with people is inconsistent.

Overall, we found that Leopold Muller was meeting this essential standard, but to maintain this, some improvements are needed.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People are safeguarded against the risk of abuse.

We found that Leopold Muller Home was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People who use the service are cared for by enough suitability skilled and experienced staff.

We found that Leopold Muller Home was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People are protected by the systems in place to assess and monitor the quality of the service they receive at the home.

We found that Leopold Muller Home was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We saw that people had several choices of meals at lunch time including jacket potatoes, chicken, fish and omelettes. The manager told us "if people are not happy with those choices then the chef is happy to make them sandwiches".

We saw a staff member showed a person at the home two different drinks bottles so that she could make a choice about which drink she preferred.

We saw that one person enjoying a music activity as she was making appreciative sounds. A staff member told us that this person made these noises when she was happy. Other staff members were also able to describe sounds people made to alert the staff team to their opinions.

Using the hands-on deaf blind communication method, we asked one person directly if they were happy living at the home. They replied "yes".

Staff members told us that people considering moving into the home are always invited to visit in advance of taking any decision as to whether they want to move to the home. They are able to see the room available and meet the staff and other people who use the service, and often spend the day at the home.

Other evidence

Information that we received from the provider about this outcome stated that the service considered that it was compliant with the essential standard. The manager told us that people living at the home are consulted and involved in their care and they are able to make decisions about their care. The manager wrote " people have choices about their communication methods, personal care, personal hygiene products, whether they have a bath or a shower, clothes that they like to wear, drinks, choice of meals at meal times, routines, activities, games, socialising with others, shopping trips and church attendance.

Resident's wishes and decisions are respected and alternative options are offered. For example if they do not want to participate in an activity or do not like what is on the menu then a choice of other options are available to them".

Our judgement

We found that people are involved in making decisions and choices about their care and treatment.

We found that Leopold Muller Home was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who used the service that we met and talked with at the home said that they felt their care was "good".

A member of staff told us that when people go out on day trips and there were activities like art and music that took place in the home.

We saw that the manager, who was on duty, at the time of our visit, was caring and kind in her manner towards the people who use the service. We saw members of the staff team mostly helping people in a thoughtful and considerate way.

We observed staff interactions with people over the lunch time period in the dining room and in the lounge area. We saw that staff were sometimes inconsistent in their interactions with people. We used an observation method where we wrote down all the staff interactions with three people that we chose at random.

We saw that one person had limited interactions with a member of staff who was sat at the same table. Another person who was deaf blind had a staff member sit with them but they did not make any contact. We also saw one person signing to a staff member that they wanted a particular piece of fruit. They became frustrated as the staff member did not fully understand what this person wanted as their level of communication was limited. We saw that another person had many interactions with the staff members sat at their table.

We saw an activity board which displayed the choices of activities available at the home. These included going for music, craft, and going for a walk.

We saw one person had their knitting with them and we asked them if they enjoyed this activity and they said "yes I really like it".

Another person told us "I like football, rugby and going to the pub".

Other evidence

Information that we received from the provider about this outcome stated that the service considered that it was compliant with the essential standard. The manager wrote that "all residents have person centred care plans and are fully assessed to ensure that the home can meet their needs and any specialist equipment required is available. The care documentation includes person centred plans, risk assessments and methods of approach. The home has established excellent relationships with all external health professionals including doctors, specialist therapists, the hospice and mental health team. At times of critical illness people's family are able to stay in the home and be close to their relative if they wish to and if this is what the person wants themselves".

We read three peoples care plans so that we could find out how people were supported with their care needs. We saw that the care plans were very detailed and well maintained by the staff team. They provided information about people's life history, their care needs and details about their physical, mental and emotional wellbeing. The care plans had been reviewed and updated regularly. This demonstrated the care that people needed and the support they got was clearly identified. The information we read in the care plans was helpful and informative. It set out what actions staff must follow to help the person to meet their needs and live their daily life to their maximum potential. The information in the care plans showed us that relatives were involved in decisions about peoples care. They were encouraged by the staff team to attend peoples care reviews.

Our judgement

People who use the service are properly cared for and their welfare is maintained. Some people do not always have their needs fully met because staff interactions and communication with people is inconsistent.

Overall, we found that Leopold Muller was meeting this essential standard, but to maintain this, some improvements are needed.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

A staff member told us that they had received safeguarding training. They were able to describe this training which showed that they understood its content.

We spoke with one person who lives at the home and they told us that they felt they were cared for safely.

Other evidence

We saw that there was clear information on how to make a safeguarding referral available to staff. The manager was able to identify who to contact to make a referral.

We spoke with the manager and she told us that there was a system in place for regular updates in safeguarding training. We saw that the home had clear policies and procedures in place. Staff members spoken with were able to demonstrate an understanding of safeguarding procedures and the whistle blowing policy.

Information that we received from the provider about this outcome stated that the service considered that it was compliant with the essential standard. The manager told us that "all staff attend training on safeguarding adults, signs of abuse and what to do if they suspect abuse or this is reported to them. Staff have read, and are aware of organisational and local authorities policies and procedures relating to abuse and the local guidelines to ensure that staff are aware of what to do if they are alerted to suspected or actual abuse. Due to the limited communication of some residents at Leopold Muller all staff are alert to the signs of abuse and would take prompt action to

report if they have any concerns".

Our judgement

People are safeguarded against the risk of abuse.

We found that Leopold Muller Home was meeting this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The people who use the service that we met and talked to were very positive about the staff and the way they were supported by them. We asked one person if they thought that there was enough staff on duty. They told us that they thought there was sufficient staff. One person communicated to us using signs that they liked the staff.

We saw that staff members acted promptly when people asked them for assistance.

A staff member told us "I have worked here about seven years and I love it". We have a staff meeting once a month which I think is enough". Another staff member told us "there is a good team work amongst staff".

The manager told us "When we complete the staff rota we take into account the skills and experience of the staff team. This enables us to have a balanced skill mix".

Other evidence

We checked the staff rotas and spoke with staff members to see if people benefit from there being enough staff on duty to meet their needs and we found that this was the case.

Information that we received from the provider about this outcome stated that the service considered that it was compliant with the essential standard. The manager wrote "Leopold Muller provides nursing care to deaf and deaf blind people with additional complex care needs, as such the home provides a high level of personal care

whilst maintaining a homely environment and ensures personal fulfilment. The home benefits from having a committed, caring, friendly and well skilled staff team. They have a clear understanding of their role and they are dedicated to improving resident's quality of life. In September 2011 the staff won a staff team award and all received additional money in recognition of their skill, dedication and hard work. The home meets and exceeds minimum staffing levels. There is always a registered nurse in charge of the home with senior and care support workers".

Our judgement

People who use the service are cared for by enough suitability skilled and experienced staff.

We found that Leopold Muller Home was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The people we spoke to during the compliance visit did not make any comments directly connected to this outcome.

A staff member told us that people used picture cards to show if they were happy or unhappy.

Other evidence

We saw on the care files that the views of relatives, social workers and health professionals were sought in the delivery of care.

Information that we received from the provider about this outcome stated that the service considered that it was compliant with the essential standard. The manager told us that "The emphasis and ethos of the home is dedicated to providing a person centred quality service. We provide appropriate care, a homely environment and an active and inclusive lifestyle.

Quality assurance is monitored by a variety of methods and includes a full assessment of residents care needs, and ensuring staff have the skills, knowledge, abilities and experience to meet people's needs and specialist equipment is available.

Wherever possible people are involved in making decisions concerning their care and social activities. Risk assessments are completed about daily living, activities and equipment that we use. Accidents, incidents and near misses are reported through

appropriate documentation and staff complete an accident log which managers monitor on a daily basis. Care plans and Risk assessments are reviewed and updated formally on a monthly basis or before if there are any changes. We have one to one meetings with residents to gain their views about the care that they receive and the activities they would like to do. We always ask for feed back at the end of review meetings.

Questionnaires are sent out to family and external professionals to obtain feed back and enable us to improve the service. The head of service completes three monthly checks and the organisation has a policy and practice team that also monitors service provision".

We saw that the manager monitors and analyses the levels of accidents, incidents and complaints to ensure that people who live in the home are safe.

Our judgement

People are protected by the systems in place to assess and monitor the quality of the service they receive at the home.

We found that Leopold Muller Home was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Some people do not always have their needs fully met because the staff interaction and communication with people is inconsistent.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA