

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

RNID Action on Hearing Loss Leopold Muller Home

Poolemead Centre, Watery Lane, Bath, BA2 1RN

Tel: 01225356482

Date of Inspection: 10 February 2013

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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
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Royal National Institute for Deaf People
Registered Manager	Mrs. Gill Harris
Overview of the service	Leopold Muller provides accommodation and nursing care to 22 deaf and deaf blind people with additional complex care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 10 February 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We observed staff interactions with people over the lunch time period in the dining room and in the lounge area.

People who use the service that we met and talked with at the home said they felt their care was "good". We saw people had a choice of menus and people were encouraged to choose their clothes and daily activities.

We read four peoples care plans so we could find out how people were supported with their care needs. We saw the care plans included one page profiles about people who used the service. These included example of a 'good' and 'bad' day and how these were experienced by each person. The care plans included actions staff must follow to help the person to live their daily life to their maximum potential.

We saw the middle bathroom was in need of attention to make it a pleasant and hygienic room in the home. We saw the other three bathrooms were clean and hygienic. Particularly the brand new bathroom with a specialised bath.

As staff member told us the manager was very supportive and there was sufficient staff on duty to meet people's needs.

We saw there was a robust complaints system available for people who used the service. The manager responded quickly and effectively to any complaints or concerns people had about the service.

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.

Reasons for our judgement

People who use the service that we met and talked with at the home said they felt their care was "good". We saw people had a choice of menus and people were encouraged to choose their clothes and daily activities.

One person invited us into their room and we were able to communicate using sign language. They told us "I prefer to stay in my room rather than go into the lounge."

A staff member told us people have choices about the television programmes they would like to watch. We heard one person playing loud music in their room. A staff member told us "they can feel the vibration of the music rather than actually hear it. This is how they choose to spend their time so that's fine with us."

Staff members told us people considering moving into the home were always invited to visit in advance of taking any decision as to whether they wanted to move to the home. They were able to see the room available, met the staff and other people who used the service, and often spent the day at the home.

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.

Reasons for our judgement

Discussions with the manager and our observations of four people's care files confirmed many activities took place in the home. These included trips to church, cafes and local shops.

We read four people's care plans so we could find out how people are supported with their care needs. We saw the care plans included one page profiles about people who used the service. These included example of a 'good' and 'bad' day and how these were experienced by each person. The care plans included details of how the person should be supported to meet their needs and live their daily life to their maximum potential. They were frequently reviewed in order to reflect people's changing needs. This could be monthly, six monthly or yearly.

We saw the care plans provided information about people's personal goals and details about their physical, mental and emotional wellbeing. People plans described their preferences and routines.

We saw there was a system in place to monitor people's progress with their care plans. Records showed the staff team met regularly with people and identified any changes in support that may assist them.

We observed staff interact positively with people who used the service. They helped people in a kind and supportive way.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

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

We looked around the home and saw the bedrooms and communal areas were clean, hygienic and well maintained.

The deputy manager told us they were one of three staff who were the infection control leads for the home. They were able to describe their duties in relation to ensuring the home had effective cleaning regimes. We saw a copy of the health and safety audit completed by the service. This included an infection control audit. They said "external contractors clean all areas daily and care staff clean bathroom/showers after every use using disinfectant multi- clean unit."

We looked at four bathrooms and saw three bathrooms were very clean and hygienic and one was in need of some attention. The provider might find it useful to note the middle bathroom was not clean on the day of inspection. For example we saw the shower seat was marked, the floor by the shower was cracked and the divider for the shower was also stained. The deputy manager told us they would immediately ensure the area was cleaned and would be included on their list of daily duties. They told us it was usually the staff that cleaned the bathroom and that this must have been "missed on this particular day. The manager explained the plan to refurbish the middle bathroom and replace the stained fittings. They told us" it will take place in the next few months."

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

One person told us via sign language they liked the staff. We observed other peoples reactions towards the staff team and saw they were positive and warm.

We spoke to four staff members, two were nurses. They all told us there was enough staff on duty. Staff told us if there was staff sickness then "agency staff will work the shift." We looked at the staff rotas and saw that agency staff were used, on average once a week.

A staff member told is "I think there is mostly enough staff". Another staff member told us "it doesn't feel like we are understaffed. The manager is very supportive and will always get extra agency staff if we need them."

The manager said "the use of agency staff can be more than once a week and is on a 'as and when required basis' and is kept to a minimum where possible and we always try and use the same staff to ensure continuity."

Information in the care plans showed us some people needed one to one staff support in order to meet their needs. We looked at the staff rotas and saw there was sufficient staff on duty to provide this level of care and support. On the day of our inspection, we saw staff working on a one to one basis with people. One staff member was applying cream onto one person's legs and another staff member was massaging a persons hands.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our visit we looked at the record of complaints. They included the nature of the complaint and when the complaint was responded to by the staff team. We read one person had complained about the way the door on the lift closed. We saw the manager responded quickly to ensure it was changed.

We read that another person had complained about being disturbed by the staff checks at night. The manager told us they had spoken with the person to make sure they fully understood the nature of the complaint. Then a new plan about how the staff would ensure they were safe at night was agreed with the service user. Their care plan was changed to reflect this plan. There was also a customised sign for this person which read 'do not disturb' so they could alert staff about their wishes.

We saw there was a system in place to audit the number of complaints made about the service. The complaints were monitored by the manager in order to establish any trends or changes that may be needed to the service. The provider might find it useful to note that the information about one of the complaints was in several places. For example some information was in the residents meetings, other information was on the computer records and in the complaints file. The manager told us they intended to put all the information in the complaints folder to ensure it was more accessible.

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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