

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: 17 November 2013

Date of Publication:
December 2013

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

| | |
|--|---------------------|
| Meeting nutritional needs | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Supporting workers | ✓ 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 17 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We observed a lunchtime meal in the dining area. We saw the staff members sat with people who used the service to eat their lunch. The manager told us how the staff team thought this was important as it was valued shared time.

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 deputy and they 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.

We saw staff training was discussed at supervision and the training matrix was regularly updated. This meant the manager was aware of the training needs of the staff team to ensure they met people's care needs. Evidence in the staff files confirmed each staff member had received yearly appraisals.

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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 food on the daily menus

We observed a lunchtime meal in the dining area. We saw the staff members sat with people who used the service to eat their lunch. The manager told us how the staff team thought this was important as it was valued shared time. We saw four people had individual staff support to eat their meals. We saw staff interactions with them were thoughtful and kind. People were offered food and drinks in a calm and unhurried manner. Some people who used the service chose to have a different meal to that initially offered to them. Staff member told us sometimes people can have several meals during one sitting. They said "If people push away their meal then we offer them the daily alternative. If they don't show any interest in that meal then we offer them another option and we keep going until they have the meal they want".

We saw the menu was displayed in pictorial form in the dining room. The manager told us the cook met with every one and discussed through all their likes and dislike about food. Then each person's choice was included in the menu.

We read the minutes from these meetings and saw each person was also asked about the kind of flowers they would like to see on the dining room tables. The manager told us, "it is important people are included in every part of the dining experience".

We saw the dining room was clean and homely. We went into the kitchen and saw it was clean and the temperatures of food served and fridges and freezers were appropriately recorded. The cook and their assistant staff had food handling and hygiene certificates in place.

Discussions with the manager and our observations of four people's care files confirmed people's dietary needs were recorded in their care plans and these were known to staff spoken with at the time of inspection.

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

Our judgement

The provider was meeting this standard.

People are safeguarded against the risk of abuse.

Reasons for our judgement

The majority of people who used the service had limited communication or impaired mental cognition. We therefore observed staff interactions with them in relation to keeping them safe. We saw the staff were considerate and mindful of the risks to vulnerable people when in the home or out in the community. For example the home is only accessible via an intercom service so the staff can monitor who was in the building.

A staff member told us that they had received safeguarding training and thought this was an important part of protecting people. They were able to describe this training which showed that they understood its content.

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 deputy and they 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.

The manager told us "we all have regular training about safeguarding adults, signs of abuse and what to do if they suspect abuse or this is reported to them. This also includes training in the Mental Capacity Act 2005. There is currently no in house training about mental capacity but we get outside trainers".

Recording in the four staff files seen confirmed they had read, and were aware of organisational and local authorities' policies and procedures relating to abuse and the local guidelines to ensure they knew what to do if they were alerted to suspected or actual abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw there were clear and effective system in place to ensure staff members received staff supervision and there were regular one to one meetings. The staff supervision matrix showed the dates supervision had taken place and future dates.

Within the supervision Information folder we saw each staff member had signed a contact detailing the expectations of the organisation and what people could expect from each supervision session. There was also a detailed supervision policy and procedure which was known to all of the four staff members spoken with.

One staff member told us they found regular supervision helpful in team working. They told us " it helps both the team and the individual".

We saw staff training was discussed at supervision and the training matrix was regularly updated. This meant the manager was aware of the training needs of the staff team to ensure they met people's care needs. Evidence in the staff files confirmed each staff member had received yearly appraisals.

Staff meetings were held at frequent Intervals. The minutes showed staff discussed the needs of each person who used the service. The manager told us the meetings gave staff the opportunity to discuss ways of improving the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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