The Royal National Institute for Deaf People

RNID Action on Hearing Loss Apollo House

Inspection report

Furthergate Business Park
Ordnance Street
Blackburn
Lancashire
BB1 3AE

Date of inspection visit:
27 July 2016
28 July 2016

Date of publication:
30 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 was an announced inspection which took place on 27 and 28 July 2016. The service was previously inspected in April 2014 when it was found to be meeting all the regulations we reviewed at that time.

RNID Action on Hearing Loss is registered to provide a domiciliary care service to people who are deaf, deaf/blind or hard of hearing and have additional care needs. All staff use British Sign Language (BSL) to communicate with people who use the service. At the time of our inspection there were five people receiving personal care and support from the service. All the people who used the service lived in the same complex of flats. Staff from the service also provided support to other people living in the complex who had housing related support needs.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also responsible for a separate residential care service. They were therefore supported by a deputy manager in the day to day running of the domiciliary care service.

During this inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes in the service were not sufficiently robust to protect people from the risk of unsuitable staff. You can see what action we have told the provider to take at the back of the full version of the report.

We found the provider's recruitment policy did not meet the requirements of the current regulations. This was because it did not make it clear that additional pre-employment checks were required when applicants had worked previously with vulnerable adults or children. This meant that these checks had not taken place for two of the staff who were employed to work in the service. In addition we could not find evidence that the provider had taken the necessary steps to follow up on a reference from a person's previous employer which indicated they would not re-employ the person. This meant there was a risk that the provider might employ people who were unsuitable to work with vulnerable groups.

People told us they felt safe with the staff that supported them and considered staff had the right communication skills and experience to meet their needs. Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any concerns they raised would be taken seriously by the managers in the service. People who used the service were regularly given information in an accessible format to advise them of how they should report any incidents of abuse they might experience either within the service or the local community.

We were told that staff were matched with people who used the service; this helped to ensure they had the best chance of getting on well together and being able to provide the support individuals required. People who used the service told us staff were always available to provide the support they needed. During the inspection we observed staff responded promptly to any requests for assistance. They were also kind, caring and respectful in all their interactions with people who used the service.

People told us they received the support they needed to take their medicines as prescribed. Staff had received training in the safe handling of medicines. The deputy manager completed regular assessments to ensure staff were competent to administer medicines as prescribed. Regular medication audits were also completed; these audits help to ensure people have always received their prescribed medicines.

Care records contained detailed information to guide staff on the care and support people required. The care records showed that risks to people's health and well-being had been identified, such as the risk of poor mobility and managing their own medicines. Risks were also assessed in relation to general safety issues within people's homes. We saw that plans were in place to help reduce or eliminate any identified risks. Arrangements were also in place to help ensure the prevention and control of infection.

We found that staff received the essential training and support necessary to enable them to carry out their role effectively and safely. New staff received an induction when they started work at the service; this included checks by the deputy manager on their ability to communicate effectively with all people who used the service.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. This legislation is designed to ensure people are supported to make their own decisions wherever possible. Staff demonstrated their commitment to ensuring people were always able to make choices about how they wanted their care and support to be provided. We saw that people who used the service had been given information about consent in an accessible format and had signed to say they were in agreement to staff providing care in line with their support plan.

Where necessary people who used the service received support from staff to ensure their nutritional needs were met. People told us staff would accompany them to health appointments and ensure qualified interpreters were available to help people communicate their needs to health professionals.

People were involved in regular reviews of their care to ensure the support provided met their needs, goals and ambitions. Care records included details of people's achievements as well as their dreams and aspirations for the future.

People had regular opportunities to provide feedback on the care and support they received. Staff told us they encouraged people to express their views and opinions in order to continue to drive forward improvements in the service.

Robust quality assurance systems were in place in order to ensure that that people received high quality, safe and effective care and support. Systems were also in place for receiving, handling and responding appropriately to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment processes at the service needed to be improved in order to protect people from the risk of unsuitable staff. People who used the service told us there were always staff available to respond to their needs.

Suitable arrangements were in place to help safeguard people from abuse and a safe system of medicine management was in place.

Risk assessments were in place to help ensure people received safe and appropriate care.

Is the service effective?

Good

The service was effective.

People who used the service felt the staff had the right attitude and communication skills to meet their needs. Staff demonstrated a commitment to supporting people to make their own decisions.

Staff received the necessary training to allow them to carry out their role effectively and safely. Systems were in place to ensure staff received regular support and supervision.

People who used the service received the support they required to be able to access health services.

Is the service caring?

Good

The service was caring.

All the staff we spoke with were caring and respectful in the way they spoke about people who used the service.

Staff demonstrated a commitment to providing person-centred care and supporting people to be as independent as possible.

Staff were aware of the importance of ensuring the privacy and

dignity of people was respected and of their obligations to ensure confidentiality of information was maintained.

Is the service responsive?

Good

The service was responsive.

Staff were committed to providing care and support which enabled people to achieve their goals and ambitions. People were regularly involved in reviewing the support they received.

There was a complaints procedure in place to enable people to raise any concerns.

Staff supported people to attend social activities to promote their health and well-being.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. They were supported in the day to day running of the service by a deputy manager. Both managers demonstrated a commitment to a process of continuous improvement in the service.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

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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. This 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.

This inspection took place on 27 and 28 July 2016 and was announced. In accordance with our guidance we gave the provider 48 hours' notice that we were undertaking this inspection; this was to ensure that the registered manager and staff were available to answer our questions during the inspection. This announced inspection was carried out by one adult social care inspector. They were supported on the second day of the inspection by a British Sign Language (BSL) interpreter.

Before this inspection we reviewed the completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also contacted the local authority contract monitoring and safeguarding teams and the local Healthwatch in order to gather their views about the service; no concerns were raised with us.

On the first day of the inspection we visited the registered office and spoke with the registered manager and deputy manager. On the second day of the inspection we visited the satellite office at the complex of flats from which the domiciliary care service was delivered and spoke with the five people who used the service and two support workers, one of whom was employed via an agency.

We reviewed the care and medication records for the five people who used the service. In addition looked at a range of records relating to how the service was managed; these included staff recruitment and training records, quality assurance processes and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe with the staff who supported them. Comments people made to us included, "I feel safe when staff are here" and "I feel very safe here. I have an alarm to press if I fall."

We looked at the systems in place to ensure staff were safely recruited. The registered manager told us that people who used the service were involved in the recruitment process for new staff; records we reviewed confirmed this to be the case. We noted that all staff completed a 'one page profile' which contained information about their personality, background and interests; this helped to ensure staff were matched to support with people with similar interests or personality. A staff member told us, "I feel it was good to interact with service users as part of the interview process. They get to help decide what staff they would like to support them."

We reviewed the personnel files for four staff employed to work in the service. We noted that all of these files contained an application form, two professional references and a criminal records check called a Disclosure and Barring service check (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We noted that one person's file contained a reference which stated the previous employer would not be willing to re-employ the person. We could not find any evidence that the provider had made any attempt to check with the employer the reasons for this statement. We also noted that the recruitment policy did not meet the requirements of the current regulations. This was because it did not make clear that additional checks were required when prospective staff had worked previously with vulnerable adults or children. This meant the provider had not taken the necessary action to complete these required checks for two staff.

The lack of robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that suitable arrangements were in place to help safeguard people from abuse. Our review of the training records showed all staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. One staff member told us, "We are here to protect and safeguard people."

We noted that the provider had produced a number of 'Live Safe. Be Safe' information sheets; these included accessible information regarding the meaning of different types of abuse and the action people who used the service should take if they had any concerns regarding their safety. From our review of records we saw that this information had also been regularly discussed at the coffee morning meetings held for people who used the service.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice); this was contained within the employee handbook as well as being in the policy and procedure manual. Staff we spoke with were familiar with the policy and knew they could contact people or organisations outside of the service if they felt their concerns had not been listened to or taken seriously.

People who used the service told us there were always staff available to meet their needs. They told us they were always aware of the staff who would be supporting them each day. One person told us, "I like them to come at the same time each day and they do." Another person commented, "If I want to go out there's always a staff member available to go with me." During our visit to the satellite office we noted that staff responded promptly to requests from people for assistance, including when these requests were made outside of the allocated time for support visits. A staff member told us, "We always make sure people get their allocated times but we can also be flexible to meet people's needs."

We were told that agency staff were sometimes used to cover for staff sickness or annual leave. The deputy manager told us that agency staff were expected to undertake 'shadow shifts' with more experienced staff at the service so that they could get to know people before they were placed on the staff rota. We were told these shadow shifts gave the deputy manager and people who used the service an opportunity to assess the communication skills of agency staff to ensure they were able to meet people's needs. During the inspection we spoke with a staff member who was employed via an agency. They confirmed that they had completed shadow shifts before they had been placed on the rota. They told us that they worked regular shifts at the service and were treated as a member of the staff team.

We saw that a safe system of medicine management was in place. We were shown the policy and procedure in relation to the safe management of medicines that all staff had access to. We were told that all support workers had completed training in the safe handling of medicines. Our inspection of staff training records confirmed this information was correct. We also saw that competency assessments were undertaken before staff began administering medicines without supervision. People who used the service told us that staff always supported them to take their medicines as prescribed. One person commented, "Staff give me my tablets. Staff always remember; they don't forget." Another person told us, "Staff give me my tablets every morning at 8 am."

The deputy manager told us they completed regular audits of the medication administration record (MAR) charts maintained for people who used the service. We noted that a regular stock check of medicines was also completed. These systems should help ensure people always receive their medicines as prescribed.

We saw that care records included risk assessments which covered nutrition, moving and handling, the use of equipment and environmental risks in people's own homes. We noted that all risk assessments had been regularly reviewed and updated as required.

Records we reviewed showed saw that all staff had completed training in infection control. The registered manager told us personal protective equipment (PPE) was available in people's homes for staff to wear when carrying out personal care tasks. This should help to prevent the spread of infection.

We noted that there was always a member of staff on call outside of office hours in order to respond to any emergencies which might arise. The service also had a business continuity plan in place to advise staff how to respond in the event of a disruptive incident occurring such as the failure of the gas/electricity supply at the satellite office. We saw that a personal emergency evacuation plan (PEEP) had been completed for all people who used the service; this was in pictorial form to ensure people understood the action to take in the event of an emergency. Our review of records showed that the regular coffee mornings held in the service

were also used to discuss fire safety and emergency evacuation procedures.

Good

Is the service effective?

Our findings

The people we spoke with told us they felt the staff who supported them had the right attitude, communication skills and experience to meet their needs. Comments made to us included, "Staff understand me. They know what I like" and "All the staff are very good at signing."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making 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. However, people cared for in their own homes are not usually subject to DoLS.

Staff we spoke with told us they had attended a briefing regarding the MCA. They told us they were aware that the deputy manager was planning to deliver more detailed training to all staff within the next few weeks. We looked at the content of this training and saw that it included information about how the MCA applied directly to the work undertaken by staff and the action they needed to take should they have any concerns regarding a person's capacity to make particular decisions.

All the staff we spoke with demonstrated a commitment to ensuring people who used the service were able to make their own decisions. One staff member told us, "People have capacity unless proven otherwise. We always respect people's decisions and choices." Another staff member commented, "Consent is a big thing. We always ask people before we do anything; people have a choice in everything we do."

We saw that arrangements were in place to gain consent from people in relation to the support they received. This was documented in pictorial form to help ensure people fully understood the agreement they had signed. We noted that, following our announcement of our intention to inspect the service, the provider had ensured that people who used the service were asked for their consent for us to visit them, either in their own home or in the office. This demonstrated that the service respected and promoted the rights of people to make their own decisions.

We checked the arrangements in place to ensure staff had the necessary induction, training and supervision to help them deliver effective care. The staff members we spoke with confirmed they had received an induction when they started work at the service. They told us this included reading policies, procedures and support plans as well as mandatory training. They told us the deputy manager had completed observations of their practice and communication skills before they were allowed to work independently with people.

Records we reviewed showed all staff had received training in areas including safeguarding, fire safety, moving and handling, infection control and first aid. The registered manager told us that the provider was

always willing to ensure staff received any specialist training necessary to ensure people received safe and effective care. This was confirmed by a staff member who told us, "If there is any training I want to do this is always supported by the managers."

Staff told us and records confirmed that regular supervision was provided by the deputy manager. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We saw that there was a set agenda for each session which included the person's role and work with people who used the service, team issues, quality monitoring, health and safety, equality and diversity, safeguarding and complaints/compliments. Staff told us that in addition to any planned supervision sessions they were always able to approach the deputy manager should they wish to discuss any personal or work related issues. One staff member commented, "[Deputy manager] will always make time to see you. [Registered manager] is also always available at the end of a phone."

The registered manager told us that all newly employed staff had to complete the Care Certificate. The Care Certificate is the new minimum standards that should be covered as part of the induction training of new care workers. The service employed a mix of deaf and hearing staff. We were told that staff who were not 'native' BSL users were required to complete BSL level 1 as a minimum; this helped to ensure staff were able to communicate appropriately with people who used the service.

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff we spoke with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone. They also told us that they provided information for people, often in pictorial form, regarding health and nutrition. One staff member commented, "When it was really hot recently we did a pictorial information sheet about the importance of drinking water."

People who used the service told us they would always choose the items they wanted when shopping for food with staff. One person commented, "I make a list and choose what we buy." Another person told us, "I have soft food. Staff help me choose and cook this."

People told us that staff would always contact health professionals for them such as their GP if they had any concerns about their health. One person told us, "If I'm ill staff help me. They would phone the doctor or an ambulance." On the day we visited the satellite office we noted that a staff member accompanied a person to visit a local optician. Staff told us they would always ensure that a qualified interpreter was available to support people during routine health appointments. This helped to ensure that people were able to access relevant information and make informed choices about any care or treatment they required.

Good

Is the service caring?

Our findings

People who used the service were very complimentary about the staff. Comments people made to us included, "Staff are very kind and friendly", "Staff are good; they look after me" and "I like [name of staff member]. They are kind and a good signer." We noted that a relative of a person who used the service had thanked staff for taking the time to visit their family member on a daily basis while they were in hospital.

Staff we spoke with demonstrated a commitment to providing high quality care and to promoting people's independence as much as possible. One staff member told us, "We always prompt and encourage people to do as much as they can for themselves." Records we reviewed showed staff had received information about providing person centred care and respecting people's dignity and privacy. One person who used the service told us, "I do things myself as much as possible. Staff might keep an eye on me when I am cooking but I am improving. They [staff] are very pleased with me."

It was evident from our discussions with staff that they knew people who used the service very well. They were able to tell us about people's likes and dislikes, their preferred communication methods and what support they required. Staff were also able to tell us about people's interests and hobbies and things that were important to them.

All the staff we spoke with demonstrated respect for the fact that they were supporting people in their own homes. This meant people who used the service were central to any decisions made. One staff member commented, "This is their home. We just support people in the best way we can." People told us staff always respected their dignity and privacy when they provided personal care.

Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them. We also saw that people's care records included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

We saw that people were supported to make decisions about how they wished to be treated at the end of their life. Care records included details about what funeral arrangements people wanted. We noted that end of life care had also been discussed with people who used the service at a recent coffee morning.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. Records we reviewed showed the deputy manager also completed regular spot checks to ensure staff were storing all information securely while working in the satellite office.

Good

Is the service responsive?

Our findings

The registered manager told us that an assessment was always carried out by the commissioning social worker to determine the support needs of each individual who used the service. The registered manager told us this assessment process helped to ensure the service was able to meet people's needs.

People told us that staff always responded well to their needs. Comments made included, "Staff help me in my house and with washing my clothes" and "Staff help me. They go with me on the train to see my brother."

We looked at the care records and support plans for people who used the service. We saw that these contained information about the goals people wanted to achieve and how staff should best support them. We noted that one person had been supported to achieve their goal of taking a holiday independently to a local seaside resort. Staff had supported another person to make changes to their flat to increase their independence. A staff member told us, "We go off whatever people want to do. It's person centred planning. We ask about people's goals and ambitions and what they want to achieve. We respect and support people's hobbies and interests."

Arrangements were in place to involve people who used the service in regular reviews of the support they received. We noted people were asked to make decisions about who they wanted included in the review and whether they wanted their support plans to be shared with other people. This showed that the service was respectful of people's wishes. We saw that during the support plan reviews staff used a '4 plus 1' tool with people. This tool was used to help people recognise what they had achieved and what steps needed to be taken to help them reach their stated goals.

We noted that staff completed an activity log each time they visited a person. This log included information about the support which had been provided, what the person had eaten and any issues discussed during the visit. Staff told us they would always check the activity logs to ensure they were aware of any concerns or matters which needed to be addressed. In addition there was a communication book held in the satellite office which staff were required to read at the start of each shift. This helped to ensure they were aware of any changes to people's needs or the support they required.

The deputy manager told us that regular coffee mornings and afternoon teas were held in the communal lounge. These were used to provide people with information as well as offering an opportunity for people to socialise. They told us that they had recently invited a local police community support officer to attend to speak about safety in the community. We were also told that, if they wished to do so, people were supported to attend local services for deaf people in order to reduce social isolation and help to promote people's health and well-being.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints; this was also provided in an accessible pictorial format to help ensure people who used the service understood

how to raise any concerns they might have. Records of coffee morning meetings showed that people were regularly reminded about who to contact should they wish to make a complaint. We noted there had been no complaints received at the service since 2014.

People who used the service told us they would have no hesitation in contacting their support worker or the deputy manager should they wish to make a complaint. However all commented that they were completely satisfied with the support they received. One person commented, "I would speak with [deputy manager]. She would listen to me but I have never had to make a complaint." Another person told us, "I don't have any worries or concerns about staff. [Deputy manager] is the boss. She always listens to me." The registered manager told us that they would always be made aware of any complaints or concerns raised by people who used the service and would take action to ensure they were resolved in a timely manner.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who was present during both days of the inspection. As the registered manager was also responsible for a separate residential care service, they were supported in the day to day running of the domiciliary care service by a deputy manager who was also present during the inspection.

Staff spoke highly of the leadership skills demonstrated by both the registered manager and deputy manager. They told us that both were approachable, supportive and caring. One staff member told us, "[Deputy manager] is a good team leader who always leads by example. We feel valued as a staff team." Another staff member commented, "I definitely feel we are well-led. We are always looking at what we can do to improve things. The managers will always listen to any suggestions we make."

Staff told us they enjoyed working in the service and that staff were supportive of each other. Staff clearly understood the values of the organisation to be those of involvement and person centred care. One staff member told us, "The main value is that we involve people in every decision made. We provide the best quality service using feedback from people to improve."

When we visited the satellite office we noted staff had been involved in discussions about the five key questions we use to inform how services are measured. Staff told us they were asked to regularly review the comments and suggestions made about the five key questions and encouraged to add their own ideas. One staff member told us, "We are always asked to think about how we can make life better for the people we support." Records we reviewed showed regular staff meetings took place; these meetings were used as a forum to discuss policy and practice issues.

We found there were a number of quality assurance systems within the service, including a monthly audit which provided information to senior managers about the running of the service. This auditing system included any complaints received in the service and any incidents or accidents which had occurred; the system also recorded when care and support plans and risk assessments had been reviewed and updated. The registered manager told us the area manager also conducted regular audits at the service to help ensure all the regulatory requirements were being met. We saw that an action plan was put in place where necessary to ensure any required improvements were made.

The service distributed an annual satisfaction questionnaire to people who used the service. We looked at the three responses received and noted they all contained positive feedback regarding the service. Comments people had made included, "I am happy with the service", "Staff are a good help to me" and "I am very happy with the staff; they help me."

We noted the service had signed up to 'Making it Real' as a way of demonstrating their commitment to providing high quality, personalised services to people. Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives. The service had

produced an action plan which was regularly reviewed to help drive forward continued improvements in the service. Staff were able to speak confidently about how the 'Making it Real' programme was used to drive up quality in the service and enhance the lives of people they supported.

We saw that the provider had set standards which people who used any of their services had a right to expect. These were communication, choice, decision and learn. The registered manager told us that the '4 plus 1' tool was used to enable each service to assess their progress against each of the standards and to put an action plan in place to continue to drive forward improvements.

The registered manager told us the service had achieved the ISO 9001 standard. This is a certified quality management system (QMS) for organisations who want to prove their ability to consistently provide products and services that meet the needs of their customers and other relevant stakeholders. We noted that there was an action plan in place to ensure the service continued to meet all the required standards in order to maintain the accreditation from this external monitoring process.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes in the service were not sufficiently robust to protect people from the risk of unsuitable staff