

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Northdown Road

Inspection report

129 Northdown Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

About the service

RNID Action on Hearing Loss Northdown Road is a care at home service providing personal care to young adults with hearing loss and a learning disability in their own homes. There were eight people living in five houses, being supported by the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Potential risks to people's health and welfare had been assessed and there was guidance in place to mitigate the risks to keep people safe. People were supported to take positive risks and take part in new activities.

Each person had a support plan that had details of their choices and preferences, staff had detailed instructions on how to support people's routines. These support plans were reviewed regularly by the person, relatives, staff and healthcare professionals.

People were supported by staff who were recruited safely and received training that was required to support people's needs. Staff knew how to protect people from abuse and discrimination.

Checks and audits were completed to check the quality of the service provided. People and staff were asked their opinions on the service and their suggestions about how to improve the service.

There was an open and transparent culture within the service. People were comfortable in the company of staff and the registered manager, people were laughing and joking with the staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

RNID Action on Hearing Loss Northdown Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 13 June 2019 and ended on 13 June 2019. We visited the office location on 13 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the support provided. We spoke with five members of staff including the registered manager, two deputy managers, a senior care worker and the director of services.

We reviewed a range of records. This included three people's support records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a relative and contacted two health professionals for feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibility to safeguard people from abuse.
- Staff had received training and were aware of how to recognise and report any concerns they may have.
- Staff were confident that any concerns they had would be dealt with appropriately.
- There were systems in place to protect people from abuse, such as, recording and storing people's money.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and there was detailed guidance in place for staff to follow to reduce the risk.
- When some people displayed behaviours that may be challenging to others, there was clear guidelines in place for staff to follow.
- There was information about triggers for when people displayed the behaviour and the action staff should take to reduce the risk. For example, how to inform people they were going to attend an appointment, to reduce their anxiety.
- There was guidance about how people's behaviour escalated and the action to take in response to each stage and what to do if the action had not been effective.
- When people were at risk of choking, staff had clear guidance to support the person to eat safely and how to prepare their food.
- There was guidance for staff about how to act if the person started to choke.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Following an incident of behaviour that challenged, staff would have a 'de-brief' session, to discuss what had happened and if anything could have been done differently.
- People's support plans were reviewed following a pattern of incidents and six monthly with health professionals to discuss what changes to the support plans could be made.

Staffing and recruitment

- The provider had a recruitment policy. Staff were interviewed by the registered manager and the recruitment process was completed by the central human resources department (HR).
- The recruitment documents were held by HR, but there was also a paper file held by the registered manager. The information held in the paper file was not complete, the process to access the documents held by HR was not clear. This was an area for improvement.
- There were sufficient staff to meet people's needs. People were supported by regular staff who shared similar interests.

- Staff told us that any holiday or sickness was covered by regular staff.

Using medicines safely

- Medicines were managed safely. People received their medicines when they needed them.
- Some people were prescribed medicines 'when required' such as medicines for anxiety. There was clear guidance in place for staff such as when to give the medicine and what to do if it was not effective.
- Records of when medicines had been given were complete. The temperature of the room where medicines were stored had been recorded to make sure it was within the recommended limits to make sure medicines remained effective.

Preventing and controlling infection

- People were supported keep their homes clean and maintain their own cleanliness. One person told us how important it was to wash their hands and keep the kitchen and bathroom clean.
- Staff had access to gloves and aprons to use when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same add rating Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed the information they received for a person and designed a transition plan specifically for the person.
- The transition plan considered the person's needs, how they reacted to change and the behaviours this may cause.
- When required, staff worked with people before they moved into the service, to get to know their choices, preferences and behaviours.
- The pre-admission assessment covered all aspects of their physical, social and cultural needs. This included information about people's protected characteristics under the Equalities Act 2010 such as sexuality.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role including safeguarding, health and safety, dementia and British Sign Language.
- Staff also received training in the Management of Actual and Potential Aggression (MAPA). Staff told us how the training had helped them to support people in the least restrictive way.
- Staff received regular supervision and a yearly appraisal to discuss their practice and development.
- The management team worked regularly with staff to provide support and mentorship.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to buy and cook healthy meals. People told us they enjoyed cooking their meals.
- People were supported to prepare meals following the guidance of health professionals such as, meals being of a soft consistency.
- People were supported to manage their diets; some people had a sweet tooth and did not understand how much they should eat. Staff worked with people to develop strategies so that they had a variety of sweets during the day, but the amounts were managed.
- Staff supported people to take part in activities to keep them healthy such as walking.
- People were supported by staff to attend GP and hospital appointments.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health professionals to make sure people receive consistent and effective support.
- Regular support plan reviews were held with professionals such as a consultant clinical psychologist and

community learning disability nurse to discuss people's needs and management.

- People's health needs were monitored, and staff referred people to health professionals such as the district nurse when required.
- When people displayed behaviours that may challenge when attending appointments or the hospital, the registered manager had developed a plan with the hospital to reduce the person's anxiety and triggers.
- Records confirmed that the plan had been effective when the person had attended accident and emergency. Hospital staff had worked with staff to make sure the person was supported in the planned way and the person had not experienced any additional anxiety.
- Each person had a health care plan that they took with them to appointments to explain their needs including communication.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had recognised when people's liberty was being restricted and had acted appropriately.
- When people were unable to manage their finances, an application to the Court of Protection had been made and authorised.
- Staff worked with a person's representative and the person to find a way of managing their finances in the least restrictive way. One person told us how happy they were as they now had money to go out at the weekend, instead of spending it all at once.
- Staff supported people to make decisions about all areas of their lives and respected the decisions they made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people with their carers, a warm and caring relationship had developed.
- Staff knew people well and their likes, dislikes and choices. Staff supported people with all aspects of their life, including how they wanted to dress or form relationships with.
- Staff supported people to live the life they wanted. People were encouraged to take maintain their home including cleaning and checking safety systems such as fire alarms.
- People were supported to maintain relationships that were important to them, some people visited their family regularly.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to take part in the reviews of their support and healthcare appointments.
- People were given information in a way they could understand. People's views were recorded, and people signed to say they agreed.
- Staff respected people's decisions and supported them to make sure their decisions were respected by others involved in their support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible, including how they manage their money, keep their home clean and cook their meals.
- People told us their privacy was respected.
- People's support records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a support plan, that contained details about their choices and preferences.
- There was guidance for staff about how to support people in the way they want and to reduce the triggers for behaviour that may challenge.
- People's morning and bedtime routines were detailed including how people like their clothes folded and where they should be put, how long they like to spend in the bath.
- The analysis of incidents of behaviour that may challenged had been used to develop plans to reduce people's anxiety. When people became fixated on certain routines causing them increased anxiety strategies were devised to reduce this. Staff completed tasks such as cleaning adapted to the person's routine to reduce their anxiety.
- People were able to express their identity and were comfortable to ask staff to support them. People were supported to fashion their hair, paint their nails and wear jewellery regardless of gender.
- People had been supported to set goals and aspire, these had been achieved and embedded into their daily lives including managing their own medicines.
- Staff had developed strategies to support people to have control and manage their own finances but protect them from abuse. People had a safe in their rooms, that they knew the combination too, people were supported to record their purchases using widgets on a computer.
- People were encouraged to keep their homes clean and tidy. Staff developed ways to support people to do this, one person liked to write everything down. Staff had developed a book where they signed to confirm they had done their tasks, such as cleaning or having a wash. The person showed us the book and was proud that they had signed all the boxes each day.
- When a person had become fixated on their house and things being broken, this had caused them anxiety. The registered manager had organised a handyman to attend the house each week at a set time to reduce their anxiety.
- Staff understood people, the way they reacted to circumstances and how to support them. When people had experienced bereavement, staff supported them in a way that they knew would be appropriate. This included going for a walk in a quiet place and talking through their feelings and going for a boat trip so that there was a positive feeling when thinking about their loved one. They told us that this had helped them and the way they felt.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Staff received training in British Sign Language (BSL), we observed people and staff communicating easily.
- People had developed their own additional forms of communication including gestures and noises to communicate their feelings. We observed staff responding to these forms of communication quickly and correctly.
- One person liked to take photos of everything they did and keep these to help them communicate. They had, with the help of staff, put together a book to show the inspector what they liked doing, what was important to them and how they kept their house tidy.
- All information including people's support plans were available in formats that people could understand including pictorial and using widgets.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family, people were supported to visit their family regularly.
- People were supported to attend activities they enjoyed. One person was a Chelsea supporter, but it was not practical to go to watch them play often. This season they went to watch Margate football club, they told us how much they enjoyed this, even though it was not Chelsea.
- People were supported to join clubs, go to discos and spend time in the community.
- People had developed friendships within the groups they attended. Staff had supported one person to organise a birthday party, they showed us photos of all their friends and family helping them celebrate.
- People enjoyed riding on buses and going to the shops to chat to people. One person had built up friendships with shop owners and they told how much they enjoyed seeing the people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, and this was provided in formats that people could understand.
- People told us that they knew they could speak to the registered manager if they had a problem.
- The registered manager had received letters regularly from one person with small concerns. The registered manager now met with the person once a month, so they could discuss any issues the person may have.
- There had been one complaint, this had been responded to and investigated as per provider policy.

End of life care and support

- The service supported young people and had not supported anyone at the end of their lives.
- We discussed end of life care with the registered manager and one of the deputy managers. The deputy manager had an interest in end of life care and grief counselling, they were in the process of developing a strategy to support people when discussing their end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted values of people, passion and partnership to build trust and act with integrity.
- There was an open and transparent culture within the service, we observed a warm and caring relationship between the registered manager and people who visited the office.
- The registered manager knew people well, we observed one person asking if there was anything to eat, the registered manager had their favourite soup in the cupboard.
- People were included in discussions about their support the outcomes they wanted. Staff supported people to take as much control as possible of their lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest with people.
- People were involved in all areas of their support and were aware when things had gone wrong.
- The registered manager had discussions with people and their families about any concerns or issues there may be.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks and audits were completed on all aspects of the service. The audits had identified any shortfalls and action plans were developed to rectify the shortfall.
- Audits were recorded on the computer and reviewed by the provider. A quarterly review to check the audits accuracy was completed by the services director.
- There were policies and procedures for staff refer to, staff understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular meetings with their key worker to discuss their support any concerns they may have. People showed us the forms that were completed during the meetings and what had been done since the meeting.
- Staff attended regular meetings to discuss best practice and develop strategies to support people. Staff told us they were able to make suggestions, and these were listened too.
- People regularly attended community groups and activities including the local library, local pubs and

restaurants. Staff told us how one person went regularly to their local pub and had taught bar staff some sign language. The person could now greet and order their drink in sign language and staff understood.

- People and staff completed quality assurance surveys, the results had been analysed and these were positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager was involved in positive practice networks like Making it Real (MIR); Voluntary Organisations Disabilities Group, Involvement Shared Learning Group.
- The registered manager received briefings on new guidance from the provider's Policy and Practice Team and other departments to keep them up to date.
- The service worked in partnership with the local Community Learning Disability and Positive Behaviour Support Team including community nurses, psychology and psychiatry predominantly around behaviour support and positive behaviour approaches.