

The Royal National Institute for Deaf People RNID-Action on Hearing Loss, West Midlands Domiciliary Care Service

Inspection report

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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

The inspection was announced and took place on 15 September 2016.

The provider is registered with us to provide personal care and support for people who live in their own homes. At the time of our inspection three people received care and support from this service.

A registered manager was in post. 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.

People we spoke with told us that they felt safe with staff supporting them. Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe. Staff understood how to protect people from abuse and were clear about the steps they would take if they suspected someone was unsafe.

People told us they could talk to staff and management if they had any concerns and they would be listened to. People said staff were available to them to meet their needs. Currently people did not require support with their medicines but staff had received training if this support was needed.

Staff said training helped them do their job and gave them the right skills to meet the needs of the people they supported. Specialist training was also available if required to support people's needs.

People we spoke with were positive about the care that they received and told us staff were caring. Staff treated people with privacy and dignity. Staff respected people's homes and belongings and people were supported to maintain their independence. Staff supported people to prepare meals and ensured people had a choice of meals and drinks.

People were involved in how their care and support was received. People were given choices and their wishes were respected by staff. Staff understood they could only care for and support people who consented to being cared for. People told us responded when they were unwell and that care staff arranged health appointments on their behalf if they asked.

People who used the service were able to raise concerns and the provider had a system to deal with any complaints. People were regularly asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

People were positive about the care and support they received. The management team ensured regular checks were completed to monitor the quality of the care that people received and action had been taken where areas were identified for improvement.

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.

People felt safe with the staff who supported them and staff knew how to keep people safe whilst in their homes.

Staff had received training to support people with their medicines if this was needed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supported to deliver care.

People had access to healthcare services when required by staff who knew their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect, and their privacy and dignity were promoted. People were included in making decisions about their care and maintaining their independence.

The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs and their preferences in order to provide a personalised service.

People and staff knew how to raise any concerns and were confident that they would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People and care staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

RNID-Action on Hearing Loss, West Midlands Domiciliary Care Service

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.

The inspection took place on 15 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

We spoke with three people who received support from the service. We also spoke to the registered manager, one senior support worker and two support workers. We looked at the care records of three people who received support from the service, two staff files, compliments and complaints records, incident recordings and policies and procedures.

Is the service safe?

Our findings

People felt safe when staff were with them in their own homes. One person told us staff supported them to stay safe and that there was nothing they would change about their support. People were supported by staff who recognised the types of abuse people could be at risk from and told us they had received training in safeguarding. One member of staff said, "Safeguarding people is very important, it's very good training." Staff were able to tell us what action they would take if they suspected someone was at risk of abuse. They said they would have no hesitation in reporting any concerns to the registered manager.

People were supported by staff who were aware of the risks to them on a daily basis. Staff we spoke with were clear about the help and assistance each person needed to support their safety. Staff also told us that they looked to ensure their home environment was kept safe and secure for people. For example, checking flashing lights bulbs, used to alert people that someone was at their door, were working correctly. Staff told us risk assessments were kept up-to-date and reviewed to include any changes. In the PIR submitted prior to the inspection, the registered manager wrote, 'We have person centred support plans with positive approach to risk taking for all the people we support. Staff have created a one page support plan overview. This was created with full involvement of people we support'. We saw these plans were in place and were used by staff.

People told us there were enough staff available to support them and calls were not missed or cancelled. All people we spoke with told us they had the same staff and this way they knew who to expect. Staff told there was enough staff available to meet people's needs. One member of staff said, "There is enough staff to support people." Another member of staff said, "There's enough staff, we are good at pulling together and covering for each other." The registered manager told us staff levels were based on the care needs of the people supported. They confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this.

The registered manager complimented the staff team. They told us it was a small staffing team and said they were, "Very flexible in supporting people when they want support." The registered manager advised if required, additional staff were available to support from other services within the provider organisation. They advised this ensured staff providing cover had the right skills and knowledge.

We checked the recruitment records of two staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. By doing this, the provider and manager took steps to assure themselves staff were suitable to work with people who received care.

Currently people receiving support did not need assistance with their medicines. However, staff told us they had received training to administer medicines should people require it. Staff told us they would 'look out' to ensure people were taking their medicines and would also offer a reminder to people when supporting them. One member of staff told us they were looking at sourcing a vibrating watch to use to remind one person to take their medicine.

Is the service effective?

Our findings

All people we spoke with told us staff knew the care they needed. Staff told us that training helped them to do their job, one member of staff said, "Training gives you the right tools for the job." One member of staff told us that all staff were allocated a set number of hours each month for personal development.

One member of staff told us, "Training is very good here. Any new need of a client, you can ask if training is available and they [the provider] will find it." One member of staff told us they had requested and received additional training to support a person's nutritional needs. Another member of staff told us they had attended specialist training to become a person centred planning champion. They said the training gave them lots of new ideas and tools on how best to approach care and support to people. For example, health care planning and encouraging people to maintain healthy lifestyles through options like taking regular walks.

Staff told us that their induction training was good as it included shadowing existing carers so they got to know people and the care they needed. One member of staff said, "You complete shadowing calls until you are confident." They told us the registered manager then spoke to the existing staff and the people supported to get feedback before the member staff provided support on their own.

All staff we spoke with told us the management team supported them in their role to provide good quality care for people. They told us that apart from the management team being always available to talk to, they also had structured routine meetings and supervisions to talk about their role and responsibilities. Staff we spoke with told us they were able to discuss people's care and any concerns or uncertainties they had. One member of staff said, "There's always someone available to help. You can also call, they always answer. There's always help."

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. We checked whether the service was working within the principles of the MCA.

People had given their consent for staff to provide care and treatment and were supported in developing their care plans. Records showed the involvement of the person and their wishes and needs. For example, the amount of personal care and the level of assistance needed.

Staff were clear that people had a choice when delivering personal care and support and were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. Staff told us

they ensured they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes. The registered manager told us, "All our clients are able to provide their consent to care," and this was confirmed by all staff we spoke with.

If people needed support with their decision making the registered manager told us of the actions that would be taken. For example, the completion of a capacity assessment and speaking to the people who knew them well.

People were supported by staff to prepare meals and eat and drink enough to keep them well. One person told us staff helped them cook, "Lovely meals. I eat it all." All care staff we spoke with told us that people were able to tell them the meals they liked and enjoyed. Staff knew about the types of specialised diets that may be needed and how to support people with information and guidance on healthy food choices if required.

Staff demonstrated that they knew when to contact outside assistance to support a person's healthcare. One person told us staff had supported them when they were unwell. Another person told us staff were helping them attend a healthcare appointment planned for the next week. All staff said they worked with people to make sure the care they got was in line with advice and guidance from other health professionals.

Is the service caring?

Our findings

People spoke positively about both the support they received and the staff that provided it. Two people said staff were, "Good." One person we spoke with confirmed they liked the staff who supported them. We saw that people were happy and comfortable in the company of the staff who supported them. We saw people sharing jokes with staff and laughing together.

People told us they received care from the same staff who they knew and had good relationships with. Staff spoke warmly about the people they supported and provided care for. One member of staff said, "They are a joy to work with." Another told us, "The people are so lovely. It's the only job I've done where I don't watch the clock, I love it." Staff we spoke with were able to detail people's needs and how they gave assurance when providing care. One member of staff said, "It's all the small things that you do that make the difference."

People we spoke with confirmed staff knew them and the things they liked. Staff told us that it was the advantage of being a small service that they got to know everyone well. During our conversations with staff, they were able to tell us about people's likes and dislikes. Two of the staff we spoke with told us as they had worked for the service for a long period of time and they had been able to build up a good knowledge of people.

In the PIR submitted prior to the inspection, the registered manager wrote, 'Staff spend time with a person finding out history, family, what matters to them,' One member of staff confirmed this, they said, "There's nothing like working with a person to best learn about them, their history and what they like."

Two people told us how staff encouraged them to stay independent and be involved in their day to day care and support. For example, one person told us staff supported them to prepare meals. Staff told us how they respected people as individuals and how they involved people in their day to day care and which promoted their independence. One member of staff said, "We work hard to support people and treat them as the individuals they are."

People were treated with dignity and respect. Care staff described how they made sure that people were people's dignity and privacy was maintained. We saw staff ask permission to enter people's homes and talk with them. One member of staff said, "I ask if I can come in [to their house]. I respect it's their home, I ask is it OK for me to sit here?" Staff were respectful when they were talking with people or to other members of staff about people's care needs.

People confirmed staff asked them about their care and they were able to express their views and felt listened to. Staff told us the senior staff observed them to ensure the quality of the care provided. They said, "Managers also check with people in-between time to make sure everything's OK." People told us they could speak to staff when they needed and confirmed they would speak to staff about any changes they wanted.

Is the service responsive?

Our findings

People told us staff involved them in their care and cared for them in the way they wanted. Staff spoken with were able to describe in detail people's preferences and how they liked to be supported. One member of staff told us, "Working with just two or three people over a period of time you get to know them really well." Staff told us they felt the best way to know people's preferences was to talk to them.

We looked at three people's care records which showed they had been updated when a change had been required. Staff we spoke with felt that records reflected current care needs. All care staff we spoke with knew each person well and understood the exact care and support they needed. Care records included a one page profile of the person and what support they wanted. Detailed plans included information on what was important to people and how they wanted supporting.

Staff were able to tell us about the level of support people required, for example people's healthcare needs. Staff said communication systems worked well and we saw for each person supported there was a daily communication record in place for staff to refer to. Staff shared information as people's needs changed, so that people would continue to receive the right care. For example, there was a handover of information each morning to ensure staff coming onto shift were updated.

We saw that people's care had been reviewed with them. One person told us they had requested specific support from carers and this had been actioned. People were positive that if they spoke to staff action would be taken.

People said told us they what they would do if they needed to complain or raise issues should the situation arise. One person told us they had previously raised an issue and that it had been resolved and things were, "OK now."

Staff told us they had not raised any concerns but would approach the registered manager if they needed to. One member of staff said, "Details on how to complain are included in people's handbook. All complaints are looked into and responded to." Another member of staff said, "I would definitely raise any issue; it's an open environment here."

We reviewed how complaints were recorded and responded to by the registered provider and saw there was a process in place. We saw that complaints were acknowledged, investigated and responded to and learning taken in line with the registered provider's process.

Is the service well-led?

Our findings

All the people and staff spoke positively about the service. One person said, 'I like it, it's all OK.' Another person told us they liked the support they received and preferred it to their previous agency. People told us they knew who the registered manager was and we saw the registered manager talking with people and people looked relaxed around them. For example, we saw the registered manager talk to one person about their plans for the rest of the day and about an appointment they had planned later in the week. The registered manager had a good knowledge of the care that each person was supported with.

Staff spoke positively of the management team and told us they felt listened to and supported. They told us they could go to the registered manager for any advice any concerns or issues. One member of staff said, "I feel well supported. I've received practical help and support." Staff told us they enjoyed working at the service. One member of staff said, "I love working here. " The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's a great team. We all work together as a team and we all pull together"

Staff told us they felt valued and we saw that where compliments had been received the registered manager had shared this with the provider and also shared it with the staff in a team meeting.

Staff told us that weekly meetings were held to update information and discuss any concerns. Staff also confirmed that in addition as a small team they could address any issues immediately. One member of staff said if they had any issues to discuss they could always go straight to the registered manager. They said, "No matter how small an issue they always listen and offer advice."

People's confidential information was held securely. We saw that incidents were logged and care plans updated. An incident learning log was also completed detailing what could be learnt from the incident and how this learning would be communicated to staff. For example, for one incident we saw learning included new detail on to provide support to one person. This had been communicated to staff in a staff meeting.

The registered manager ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made. We saw that where actions were required these had been taken. For example, checks were made to review the quality of the service and observed the standard of care provided by staff. Records included comments by the registered manager and the person receiving support. Feedback was then shared with the member of staff.

The provider had sent a questionnaire to all people using the service in September 2016 asking for their feedback and opinions on the care provided. A response was made by three people. The responses showed people were happy with the support provided and felt communication was good. There were no negative comments but the responses were each analysed onto a summary sheet which included any actions to be taken if areas for improvement were identified.

The registered manager told us she was supported by the provider. They advised they attended managers

meeting with other service managers every six weeks to share good practice and ideas. For example, the registered manager had been part of a working group looking at the induction standards for staff across the whole provider group. They also received policies and procedures from the provider plus any updates in legislation. All changes in policies and procedures were shared with staff who then signed to say they had read and understood them. The registered manager also kept their knowledge up-to-date by attending training and local support groups, for example, the local authority's disability forum.

The registered manager also advised that the provider's policy and practice team were due to visit to look at all areas of the service and report back to them. The registered manager spoke of the value of audits and was keen to ensure continuous learning and improvement.