The Royal National Institute for Deaf People

RNID Action on Hearing Loss 29 & 30 Dominion Road

Inspection report

29 & 30 Dominion 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

We undertook an announced inspection at 29 & 30 Dominion Road on 9 August 2018. The last inspection of the service was carried out on 3 October 2016. At that time, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Shortfalls related to people's rights being consistently upheld in line with the Mental Capacity Act
2005 and staff not consistently receiving regular training and supervision to enable them to carry out their duties.

The provider sent us an action plan in November 2016. This described what they were planning to do to comply with the regulations and improve in specific areas. At this inspection, we found that necessary improvements had been made.

Action on Hearing Loss at 29 & 30 Dominion Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dominion Road can accommodate four people in two modified semi-detached houses. At the time of our inspection four people were living there. Dominion Road had four en-suite bedrooms upstairs, with communal living areas downstairs. This included a main open plan living and dining area, as well as a kitchen and garden. Office space and staff sleep-in facilities were also on the ground floor.

The service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post at the time of our 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.

Systems and processes were in place to protect people from the risk of harm. Staff were trained in safeguarding, and they told us about what they would do if they saw or suspected any harm or poor care at the service.

Staff were trained in a range of relevant subjects, although some training records required reviewing and updating. Staff received regular supervision and appraisals, and the staff we spoke with were enthusiastic about their roles and the service.

We found that safe recruitment and selection procedures were in place and sufficient staff were in post to meet people's needs. Staff were skilled and experienced in their roles and they knew people well.

People were involved in a range of activities, and were encouraged to try new things to improve their quality of life. Staff supported people to be as independent as possible in carrying out a range of activities.

A complaints policy was in place, and people, staff and relatives all felt able to make a complaint or raise concerns. Most people said that they would do this informally through the registered manager, but relatives and staff were aware that a formal process was in place if needed.

Policies, procedures and checks were in place to manage health and safety. This included the management of incidents and accidents.

The provider had processes in place to ensure that medicines were stored safely and people received their medicines correctly.

Staff helped people to access healthcare appointments when necessary. Health and social care professionals were involved in people's care, plans and reviews.

Care records were clear and reflected people's needs and preferences, as well as risks associated with their needs or care. These were reviewed and updated regularly to ensure they continued to meet people's needs.

Staff spoke positively about the management of the service. The management team carried out regular checks to monitor, review and improve the quality of the care and support people received.

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 at the service and staff were supported by systems and processes to keep people safe.

Effective recruitment checks were in place to ensure staff were suitable to work with vulnerable people.

Processes were in place to make sure that people's medication was safely managed, although one person needed to have their medicines safely stored.

Is the service effective?

Good

The service was effective.

Staff received training, although some records needed updating.

Staff received supervision and support to ensure they provided effective care for people.

People were supported to stay healthy and well. The service made appropriate and timely referrals to relevant health professionals when required.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and preferences, and were compassionate and caring.

People and their relatives were complimentary about the service.

People's care choices were respected.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personal to them and

took account of their preferences.

Care plans were regularly reviewed to ensure they reflected people's current needs.

Is the service well-led?

Good

The service was well led.

Staff felt valued and supported, and staff and people spoke positively about the manager.

Monitoring systems were in place and were regularly reviewed.

RNID Action on Hearing Loss 29 & 30 Dominion Road

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 9 August 2018 and was carried out by one adult social care inspector. We gave the service 48 hours' notice of the inspection. This was because the service is small and we needed to be sure the manager and sufficient staff would be available.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form which gives key information about the service, what the service does well and any improvements they plan to make. We also looked at the notifications we had received from the service. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed other information to help inform us about the level of risk for this service. We considered this information to help us to make a judgement about the service.

People living at the service communicated using sign language. During the inspection staff assisted us to speak with two people who were living at the service. We also spoke with the registered manager and three members of staff. After the inspection we contacted two people's relatives by telephone and five health and social care professionals by email.

We looked in detail at the care records and medicines administration records for everyone living at the service. We looked at four staff files, and a separate staff training matrix. We also looked at a range of records

and documents including meeting minutes, policies, audits and environmental reports.

Good

Is the service safe?

Our findings

People told us that they felt safe at Dominion Road. Relatives and staff added that they felt people were physically safe and that people were supported and reassured as necessary. One relative told us that their family member was, "Safe and well looked after." Another relative stated, "They're definitely safe, and well cared for too."

We asked staff about what they would do if they saw or suspected any harm or poor care at the service. All staff confirmed they had received training and regular updates about safeguarding vulnerable adults. Staff were clear about who they would report concerns to and all knew how to raise any concerns at a higher level if needed. The provider had policies and systems in place which supported staff and people to be safe.

Staff worked alongside people to review risks on a regular basis so that people were supported with positive risk taking where possible. Risk assessments detailed the severity, likelihood and potential impact of any risk. For example, risks assessments in place included; carrying items on the stairs, using a kettle, traffic safety, self-injurious behaviour, medication and going out (including risk of falls). The information and guidance within the risk assessments gave staff important information in how to support people and ensure any risks were managed in a consistent way whilst promoting and maintaining people's independence.

Staff told us that they had received training in medicines administration, and their competency was checked by the registered manager. In a recent review carried out by the provider's regional Head of Service, it was noted that evidence of medication competency could be more clearly recorded.

People had their medicines securely stored, administered and managed. However, one person administered their own medicines. The person's medicines were in their room, but were not always locked away as required. We raised this during the inspection as all medicines should be stored securely to prevent them being lost, stolen or consumed by someone else.

Medicines Administration Records (MAR) were clear and up to date. These records showed that people were receiving their medicines correctly and at the right time. Each MAR had a photograph of the person and their date of birth. However, we found no record of people's known allergies or body maps on the MAR.

When people went out on community activities or trips, medicines were signed out of the service, and back in when the person returned. This meant that staff could safely account for medicines.

People who had 'as and when needed' (PRN) medicines had protocols in place and records confirmed that these were administered when required

Actions were taken to prevent incidents from occurring, and referrals and equipment were provided if required. For example, referrals had been made for a walking frame and specialist surgical intervention when additional needs were identified by the service. This meant that the service aimed to support people to stay safe whilst maintaining their independence.

People were cared for in a safe environment which met their needs. The registered manager and staff told us that they wanted to improve the safety and accessibility of the garden area. A relative that we spoke with also noted that the only improvement they could identify about the service was in the garden. During the inspection, we discussed plans to develop the garden to enable people to access a wider range of communal spaces safely.

Safety checks, audits and maintenance were carried out to ensure the environment, equipment and services were safe. Servicing and repairs were carried out as necessary and we observed repairs being undertaken to one person's DVD player when it stopped working. Staff responded quickly to resolve the problem and to ensure the person didn't become distressed. This meant people were supported by staff who knew them well and who were quick to provide support.

Fire drills took place regularly at the service. These were carefully managed so that they caused minimal distress to people. A log was kept confirming outcomes, issues and any actions required. A contingency plan was in place to provide guidance for staff on what to do in different emergency situations.

People were protected against the risk of infection by staff. Infection control information was available, and staff were aware of this. The service was clean and tidy and there were no offensive odours. The service had documented cleaning rotas and tasks were carried out by both staff and people who lived at the service.

People were supported by adequate staffing levels to meet people's individual needs. Staff told us, "There's enough staff. We can do what we need to do." Another staff member said, "We always cover the rotas and [name of registered manager] covers too if we really need him to." Relatives added, "There's always more that could be done, but there seem to be enough staff and they do what they can." Rotas were planned to ensure staff could support people with activities, and there was flexibility with this. Agency staff were not used at the service. Staff absence was covered by permanent staff or relief staff. This meant that there was consistency and continuity for people.

Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks in place that confirmed staff were suitable to work with vulnerable people. This included Disclosure and Barring Services (DBS) checks. A DBS check allows employers to confirm whether the applicant has any past convictions that may mean they are unsuitable to work in this kind of service.

Good

Is the service effective?

Our findings

At our last inspection we found staff were not always receiving regular training and supervision to enable them to carry out their duties. Specifically, some update training was out of date, and supervision was not being carried out regularly. Supervision is where staff meet with a senior staff member to review and discuss work or any other issues affecting the people who use the service.

At this inspection, we found some improvements had been made. Staff were receiving regular supervision every 6-8 weeks, and records confirmed this. One member of staff said, "I get enough time and [the registered manager's] door is always open."

Staff told us that they received regular essential and additional training. One staff member told us, "If we want additional training, we just need to ask." Other members of staff described the training they had recently received. However, the records did not always reflect the training that staff told us they had received and needed to be reviewed

At the last inspection we found that people's rights were not consistently being upheld in line with the Mental Capacity Act 2005. 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.

At the last inspection, we found that care plans did not include copies of mental capacity assessments. At this inspection care plans contained mental capacity assessments and best interest decisions, if required.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection, although DoLS applications had been made, these had not been followed up with the relevant local authorities. This potentially meant that people were being inappropriately deprived of their liberty. At this inspection, we saw that assessments had been carried out and the registered manager had reviewed and followed up the status of the DoLS applications with local authorities.

The service was upholding people's rights in line with the Mental Capacity Act 2005. Where people lacked capacity best interest decision meetings had taken place, and other health professionals and advocates were involved. For example, one person had no legal representative or family, and so an independent advocate was appointed to support and represent them. A formal best interests meeting was clearly documented in the case of a person who required a complex medical intervention. Options and issues were considered by the relevant parties, risks and benefits analysed, and a decision was made which focused on the person's best interests and wellbeing.

People were involved in making choices and decisions about day to day matters such as food, clothing and their routines. We saw people being offered choices about what they ate and what they wanted to do during the day. People were also able to vary from expected routines and make choices which were unusual for them. Staff knew people well, but people's care plans also provided information for staff about people's needs and preferences, their communication needs and plans and goals. Each care file also contained a one-page profile with headings such as 'what people like and admire about me / what's important to me / what makes a good day for me.' This showed that the service aimed to achieve effective outcomes by assessing people's needs and choices and delivering individualised support to provide a good quality of life.

A 'method of approach' document was also in individual care files. This guided staff by describing the usual behaviour that a person was likely to display, as well as less usual behaviours which may be seen. There was clear guidance about how staff should respond to best support the person. For example, "Distract to pre-occupy and calm," "Give minimal attention," or, "Give me lots of praise and encouragement and re-assure"

Each person had a Health Action Plan which contained information about their health and wellbeing as well as records of appointments at routine and specialist services. These records were detailed and up to date. People were invited to external screening and health check appointments. Referrals were made to specialist services when necessary, for example to neurologists, chiropodists, speech therapists and physiotherapists. In addition, some people had regular aromatherapy massages. These examples show that people were supported to stay healthy and well and that relevant health professionals were involved as required.

People were supported to eat and drink enough and maintain a balanced diet. Some people were involved in the shopping, preparation and cooking of some meals. People were encouraged to prepare their own drinks and simple snacks at times that suited them.

People's environment met their needs, and bedrooms were personalised. People liked their bedrooms and were able to choose the colours and personalise their own room. Some people were keen to show us their rooms and were proud of these. The registered manager had considered ways of relocating a bedroom to the ground floor if one person's mobility deteriorated in the future.

Good

Is the service caring?

Our findings

People were supported by staff who knew them very well. We observed staff providing support with compassion and kindness. One relative said, "They're bloody brilliant," and another family member told us that they had a good relationship with all the staff and the registered manager. A staff member told us, "I want them to be treated as my family would be," and another said, "We all really care about them. That's why we're here."

Staff were patient in their interactions with people and were aware of people's verbal and non-verbal communication. Staff were skilled in their use of sign language. They knew people's individual communication preferences and understood people well.

People living at the service appeared happy and comfortable around staff. Interactions were natural and warm and there was a relaxed atmosphere with laughter and appropriate joking. Staff were positive about the people they cared for. One staff member said, "The people we support are the best thing," and another told us, "They're my bosses, I'm here for them." Staff told us that they had time to spend with people and that this was one of the things that they liked about working in this service.

Staff told us that they maintained people's privacy and dignity at all times. One staff member described how they would support a person when showering, and staff asked people if they could come into their bedroom. With the person's permission, staff demonstrated the flashing light system which alerted the person that a member of staff was at their bedroom door.

Each person had a keyworker who knew them well and worked closely with them. In this way people could best be supported and encouraged to work towards their short and long-term goals. Information in people's care plans was updated by the keyworker and this provided details for other staff about the person's current goals, as well as information about how staff could support people to maintain and develop their skills.

People were actively involved in aspects of the service and their care. Staff told us that people were involved as far as possible in their care reviews and future planning. During the inspection, we discussed with the registered manager that reviews and care plans, in the main, still did not record that the person or a representative had been involved or consented to care or treatment. We discussed the importance of this being meaningful to people. There were pictorial versions of forms with a simple tick box to show that people had been involved or consented, but these were not usually completed. This was an area that the registered manager planned to review.

Personalised information was recorded in people's care plans and daily diaries, and staff told us that they could access these at any time. Information was kept securely in line with the General Data Protection Regulations, and staff understood the principles of protecting people's confidentiality.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs.

People were supported to engage in activities and hobbies which were important to them. These were varied and meant that people had routines and balance in their life. People were involved in activities such as cooking, self-care, walks, shopping and going to the cinema and bowling. Some people also attended Educational Day Services which were provided by Action for Hearing Loss. Here people were involved in activities such as art and craft, ceramics, music and vocational activities. One person told us that they enjoyed attending Educational Day Services, and that they also liked going on trips to local events and attractions.

Each person had an activity file which contained information about their routines and activity preferences. In the report which was written as part of people's care reviews, updates were provided about the activities that the person had been doing during the year, as well as new things that they had tried or learned. This meant that the service considered people's achievements and was able to develop future goals with the individual.

Relatives told us that they were usually invited to care reviews, and that the service also contacted them at other times to inform them about concerns, changes or achievements. Some relatives were unsure if they were always invited to care reviews, although they were satisfied that they received sufficient relevant information from the service on a very regular basis.

Care plans were person centred and reflected the individual needs of each person. Care plans contained information about people's likes, dislikes and preferences, for example food and personal care preferences, favourite activities and information communication needs. Care plan headings included, 'What people like and admire about me' / 'What's important to me' / 'A good day for me.' People had not specifically been involved in writing their own care plans, although some people had been able to give their views and opinions.

One person's care file provided comprehensive information about the signs that they used to communicate. Details included, "Use simple British Sign Language signs, but at a slow pace so that I can understand, or pictures so that I can understand," and, "Use short sentences and pause in between words." This meant that staff had relevant information to ensure they could provide care which met the person's unique needs.

A daily diary booklet was in place for each individual, and these were personalised, simple in format, and contained pictures to aid people's understanding. At times records were not always up to date. For example, sometimes the blank daily record sheets had not been printed out, and then notes were written on blank pieces of paper. We discussed the importance of maintaining professional records with staff during the inspection.

Information was available for people in easy read or pictorial formats. This included information about what

was happening during each shift, as well as information posters and leaflets.

Staff could describe how they supported people on a day to day basis. Important information and changes were communicated to staff through shift handovers, a communication diary and face to face within the small team. This meant that staff knew about and could respond to people's current needs in the most effective way.

People were in contact with their relatives, and the service welcomed visitors. Staff supported some people to visit their family members regularly. People enjoyed having this contact and told us about what they did when they visited their family members. Relatives told us that they could visit at any time, and that they were always made to feel welcome.

There had been no complaints made since the last inspection. A complaints policy and an easy read version of this were available at the service. People we asked said that they would talk to staff if they had any worries or concerns. Relatives told us that they knew how to complain and said that they would feel comfortable raising concerns with a staff member or the registered manager. One relative told us that they had been provided with copies of the complaints policy by the registered manager. Staff told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

The registered manager understood the legal requirements relating to submitting notifications to Care Quality Commission. A notification provides information about important events which affect people or the service.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager 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.

Systems were in place to monitor the quality of the service. The provider carried out checks and audits including local validation visits and ISO 9001 internal audit checklists. ISO 9001 is an international quality management system which is designed to help organisations check that they are working in the best and most effective ways. Action plans were developed from completed checks and audits and progress was monitored on a regular basis. This supported the service to learn and improve.

Staff told us that they enjoyed their jobs and that they felt supported and valued. Staff were positive in their approach and said they worked well as a team for the benefit of the people they cared for. The staff we spoke with were well motivated.

When talking about the team, staff said, "They're a great team. They put in so much effort," and "We always help each other out." People who used the service told us through interpreters that staff were "nice", "helpful", "kind" and that staff communicated well with them. One relative told us, "We have a good relationship with the staff; they're great and they know us too."

Staff said that they were well supported by the registered manager. One staff member said, "I can talk with [registered manager] any time really easily. He's much easier to get on with than other managers I've had." Another staff member said, "[Manager's name] is a good manager. [They're] hands on. What you see is what you get – [They're] always there and always supports us."

People and relatives knew the registered manager, and said that they could speak with them about a range of matters. One relative said, "[The registered manager's] got [their] head screwed on, and [they] know what [they're] doing." Another family member told us, "You can sit down and talk to [them] any time."

During our visit, the registered manager was seen supporting the team in a range of practical ways. For example, signing and checking finances so that a person could go out shopping, or providing immediate responses or fixes to support people and their wellbeing. There was also evidence of the registered manager's 'open door policy' in practice, and staff asked for advice and support about a range of matters.

Staff and the registered manager told us that issues about the service, team or care could be raised at any time. A staff meeting agenda was kept and added to on a regular basis. Staff meetings were held every few months, and staff noted that these were not very frequent.

People who lived at the service were usually involved in decisions and plans on an individual basis. There had been some house meetings, and these were focused and productive. For example, when discussing

whether it would be possible for two people to swap rooms, there was clear evidence that people's views, ideas and opinions had been sought and valued. There was a pictorial record of what had been discussed during a meeting, and options and choices were clearly laid out to support people's decision making. This showed that people were engaged and involved in specific issues, although we discussed with the registered manager whether more regular house meetings might also be helpful.

The registered manager was aware of their responsibilities and had the rating from their last CQC inspection on display. This rating was also clearly on display on the provider's website. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.