

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Thornton Gate

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

RNID Action on Hearing Loss Thornton Gate was inspected on the 02 May 2018 and the inspection was announced. This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger adults who may be living with sensory impairment, learning disability and/or mental health challenges. At the time of the inspection there were 8 people receiving support. People who use the service live in private flats. The office is situated within the same building as the flats. The service is staffed on a 24 hour basis with sleep in facilities for staff.

The provider had a registered manager in place. 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.

At our last inspection in February 2016 the service was rated 'Good.' At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Each person we spoke with had their own tenancy agreement with a private landlord. This meant the care they received from RNID Action on Hearing Loss Thornton Gate was separate from their tenancy agreement and should they choose to change their care provider they would have the option to remain in their own home. This showed the registered provider was working in accordance with registering the right support guidance. Registering the right support is a CQC policy for providers supporting people with a learning disability and/or autism.

We found the service was responsive to people's needs. People told us they were supported to live independent lives and were consistently involved in the service provided. People lived lives which focussed on the achievement of goals and targets set by them. Care records recorded the care and support people received and the progress made towards people's goals.

The registered manager completed a series of checks to identify where improvements were required in the quality of the service provided. Staff told us they were informed of the outcomes of these.

People told us they were able to see health professionals if needed and care records reflected the health professional's advice and instruction.

Staff were aware of the importance of promoting people's individual rights and of the equality and diversity issues people they supported may experience.

People told us staff knew them well and respected them and their homes. People told us they felt valued by staff.

People were supported by staff who were caring and respectful. Staff understood the communication barriers people they supported experienced. Staff used British Sign Language (BSL) to communicate with people and information was produced in formats which met people's individual needs. This included Easy Read, pictorial and BSL.

We found there were sufficient staff to meet people's needs. Recruitment checks were carried out to ensure suitable people were employed to work at the service and people who used the service were given the opportunity to be involved in the recruitment of staff. Staff received an induction on starting work at the service and training and supervision was available to help them develop and maintain their skills.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the principles of the Mental Capacity Act 2005 and appropriate arrangements were in place to help protect the rights of people who were unable to consent to their care.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected. People who received help and support told us they felt safe.

Staff supported people to receive their medicines safely and people told us they were happy with the help they received.

Individual risk assessments were carried out in relation to each individual's care and health needs as well as any environmental risks. This meant risks to people who received help and support were minimised. Staff we spoke with were knowledgeable of the assessments and the action they needed to take to maintain people's safety.

People were supported to have a healthy diet. Documentation contained the likes and preferences of people who received support.

Technology was used to help ensure people's safety and promote independence. For example, we saw flashing lights and doorbells were in use as well as vibrating alarm clocks and pillows. This meant people were able to maintain their independence and could be alerted to emergencies if required.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning and they were happy with the level of involvement they had.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

People told us they could raise their views on the service provided and they felt involved in this. We saw minutes of meetings where people were invited to share their views and were asked their opinion on the service provided.

There was a complaints procedure and people were aware of this. People we spoke with told us they had no

complaints, but they if they did these would be raised to the registered manager or staff.
We found people were supported to maintain their homes cleanliness and pictorial prompts to support good practice handwashing was displayed in communal facilities at the service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

RNID Action on Hearing Loss Thornton Gate

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 comprehensive inspection visit took place on the 02 May 2018 and the inspection was announced. We gave the service 48 hours' notice of the inspection visit because people who use the service are often out and we needed to be sure people were available to speak with us. The inspection was carried out by an adult social care inspector who was supported by a British Sign Language (BSL) interpreter. This was so we could talk with people and understand their experiences of receiving support. At the time of the inspection there were 8 people receiving support.

Before our inspection visit we reviewed the information we held on RNID Action on Hearing Loss Thornton Gate. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

With consent, we visited three people in their homes and spoke with them about their experiences of receiving support. We also spoke with two relatives. In addition, we spoke with four care staff and the registered manager. During the inspection we also gained feedback from two health professionals who had experience of working with the service. They gave positive feedback. We observed the interactions between people who received support and the staff. This helped us assess the experiences of people who received support.

We looked at care records of four people who received support and a sample of medicine and administration documentation. We also viewed a training matrix and staff rotas. We looked at records relating to the management of the service. For example, we viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

People who received support told us they felt safe. People told us, "Yes. Everything's alright here." And, "This is my home. I feel fine here." Relatives we spoke with told us they had no concerns with their family member's safety. One relative commented, "I've peace of mind now [family member] is there." Also, "[Family member] is very safe."

Staff told us they were committed to protecting people from abuse. Staff could identify forms of abuse and said they would report any safeguarding concerns to the registered manager, the registered provider or to the Lancashire safeguarding authorities if this was required. One staff member said, "I'd go to [the registered manager.] I'd report it higher if it wasn't taken seriously and report it to the safeguarding authorities."

There was a safeguarding policy to guide staff and this was available in 'easy read' format to people who received care and support. This meant staff and people who received care and support were able to report any concerns to allow further investigations to be carried out, if required.

The registered manager told us there had been a recent incident when a safeguarding had been raised. We saw documentation which evidenced the registered manager was working collaboratively with the Lancashire safeguarding authority and other health professionals to ensure investigations were carried out and lessons learned were identified. This demonstrated the registered provider was committed to protecting the people they supported.

Medicines were managed safely. Documentation we viewed evidenced risks were assessed and people were supported to maintain their independence by administering their own medicines. All people who used the service had a locked cupboard in their own property for the safe storage of medicines. Staff told us they checked people had taken their medicines and people we spoke with confirmed this. All the people we spoke with said they valued the opportunity to maintain their independence and staff involved them in the safe management of medicines. One person commented, "Staff help me with my medicines. We work together." This demonstrated people were involved in risk management and the planning of their care.

Care records we viewed identified risk and documented the support people required to maintain their safety. For example, we saw risk assessments relating to transport, environmental risk, medical conditions and behaviours that may challenge. Risk assessments contained instruction for staff to take to minimise risk and staff we spoke with were knowledgeable of these. This helped ensure people's safety and well-being was maintained.

We looked at how accidents and incidents were being managed. Staff told us and we saw accident forms were completed. The registered manager told us these were reviewed by them to monitor for trends and patterns and lessons learned. One staff member described how the registered manager had reviewed documentation after an incident and offered them guidance to prevent the incident reoccurring. This demonstrated the registered manager reviewed incidents and accidents and shared information appropriately.

We viewed two staff files. These demonstrated staff were recruited safely. We spoke with two staff members who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at RNID Action on Hearing Loss Thornton Gate. A DBS check helped ensure only suitable staff were employed.

People who received support told us they were happy with the staffing arrangements. People told us they were supported at the times they had agreed and supported at a pace appropriate to them. One person told us, "I get as much time as I need." Staff we spoke with told us they had sufficient time to spend with people and they had no concerns.

Relatives told us they were happy with the staffing provided. One relative commented, "[Family member] hasn't complained about having to wait. New staff have started and there's always someone there."

We discussed staffing with the registered manager. They told us they used agency staff if this was required and these were booked in advance. They also explained they requested the same agency staff so they were known to people and they knew people's individual needs. This was confirmed by speaking with staff. The registered manager told us they had recently recruited two new members of staff, therefore they would only require the use of agency staff in an emergency. This demonstrated the registered manager considered the needs of people who received care and support.

With consent, we entered people's private homes with them present. People told us they were supported by staff to clean their homes and we saw infection control guidance was displayed in public areas of the service. This helped minimise the risk and spread of infection.

A fire risk assessment had been carried out. People's individual needs in the event of fire were assessed and documented and staff were aware of these. People had vibrating pillows. These activate in the event of a fire taking place. This demonstrated people's individual needs were assessed and equipment provided to help maintain their safety.

Is the service effective?

Our findings

People told us they were happy with the care and support provided. One person described how the service helped them to arrange appointments with external health professionals. They said, "They help me stay well." Relatives we spoke with described the care as, "Good." Also, "To a high standard."

Documentation showed people's needs were assessed and people received professional health advice when this was required. For example, we saw people were referred to doctors, physiotherapists and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the instructions of a health professional to help maintain a person's wellbeing. This demonstrated staff were aware of professional advice.

During the inspection we spoke with two visiting health professionals. They voiced no concerns regarding the service provided.

Documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We found individual 'hospital passports' were completed. This document is intended to provide professionals with information about the person if they are unable to explain their needs and wishes. We viewed a hospital passport and saw this was detailed and informative. This demonstrated the registered provider sought to support people to express their preferences and requirements if they were unable to do so.

The registered manager told us they arranged for BSL interpreters to provide communication support when people attended hospital appointments and consultations. They explained the service used the same team of interpreters as this enabled people to form positive, trusting relationships with interpreters and promoted continuity with their communication support. This demonstrated people were supported to be involved in their health care.

Care documentation reflected people's nutritional needs, preferences and the support they required to prepare their meals. One person told us staff helped them do their shopping and cook their meals if this was needed. They explained staff helped them decide what meals they wanted and they showed us a pictorial menu. They said staff helped them check the food was safe to eat by checking the sell by date. This demonstrated people were supported make decisions regarding their nutrition.

The registered manager told us people had annual health reviews to monitor their health and as part of this review people were weighed. The registered manager told us if they were concerned people's weight was changing, or there were concerns regarding their nutritional intake, they would advise them to see their doctor to see if an appointment with a dietician was required. Staff we spoke with confirmed they would discuss this with the person as required. This demonstrated people were supported make decisions regarding their health.

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. 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 were being met.

We saw documentation which evidenced that where restrictions were in place; these were made in the person's best interest and were as least restrictive as possible. The documentation we viewed showed the correct processes were followed in ensure people's rights were protected.

We looked at how the service gained people's consent to care and treatment in line with the MCA. People told us they were involved in decision making and discussions about their care. One person said, "I'm involved. Nothing happens without me agreeing to it. Relatives told us they were involved in decision making and the records we viewed confirmed this. One relative commented, "Anything I need to know is passed to me." Also, "I'm kept up to date."

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with their line manager to enable them to discuss their performance and any training needs. Documentation we viewed confirmed this. The registered manager informed us the training needs of staff had been reviewed and update training was being arranged. We reviewed a training matrix and found this identified where update training was required. Staff spoke positively of the training they had received. This demonstrated the registered provider enabled staff to maintain their skills and increase their knowledge in order to effectively support people.

The registered provider used technology to promote people's independence. We saw doorbells had flashing lights which would alert people if someone was at their door. We also saw vibrating alarm clocks were used to enable people to get up without relying on staff. This meant people were enabled to live their lives as independently as possible.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they were supported by the registered provider who cascaded relevant information to them and also received email updates from organisations such as the Care Quality Commission. In addition, they contacted health professionals for information on best practice guidance and advice. We viewed a care file which had been updated to reflect the best practice guidance from a health professional. This demonstrated the registered manager sought to stay up to date with relevant changes.

Is the service caring?

Our findings

People who received support told us staff were caring. Comments we received included, "They're good staff. I feel they respect me." A further person said, "The staff are great, all of them." Relatives told us, "They're absolutely marvellous with [my family member]. They love him to bits and make a fuss of me as well." Also, "Fantastic staff."

People and relatives told us they were involved in care planning. One person told us, "Yes, they go through my plan with me." Relatives we spoke with told us they were involved if decisions were required to be made. One relative told us, "I'm involved." Documentation we viewed also confirmed relatives were involved in people's care if this was appropriate.

Care records we reviewed were personalised and included important information about people's lives and backgrounds as well as information to guide staff on how people's individual needs should be met. Records were person centred and respectful in the way they were written. This demonstrated a caring culture.

We saw staff were caring. We saw staff used BSL to communicate with people and people were keen to talk with staff. We witnessed many occasions of people freely approaching staff and sharing their experiences with them or asking for information. We noted people were smiling and we saw people and staff laughing as they talked. This indicated there were positive relationships between staff and people who received care and support.

People's privacy was respected. Staff used doorbells and waited for people to answer the door before they entered people's homes. We saw people had their own keys to their individual flats. This meant people's privacy and dignity was protected and respected.

The communal area contained 'one page profiles.' One page profiles are documents which contain person centred information about individuals. We reviewed the profile and saw they were of both staff and people who used the service. The registered manager explained they felt it was important for people and staff to learn about each other and this helped to develop positive relationships. They further explained the profiles of both staff and people were together to promote social inclusion. They said, "I wanted them together because there is no difference between the people and staff. I wanted to show that's what we believe." This demonstrated the registered manager was committed to openness and promoting equality.

People told us they did not feel discriminated against. One person commented, "If there was any discrimination I'd tell the staff or [registered manager.]" Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "Being respectful and letting people choose is key. It's up to them how they live their life." This demonstrated staff recognised and upheld people's individual rights.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of RNID Action on Hearing Loss Thornton Gate if needed.

Is the service responsive?

Our findings

People we spoke with told us they received support to live their lives as they wished and achieve their aspirations. During the inspection we saw people were supported to take part in activities that were important to them. For example, one person was supported to access a college. People also told us they valued the community events they attended. One person told us they attended a local community group and people who had hearing loss also attended. They told us they enjoyed this. A further person told us they often went out with their friend who also received support from the service. They said this was important to them and they valued the time they spent with them.

We found people were empowered to carry out activities which were meaningful to them and supported their independence and feelings of self-worth. In the communal area of the service, we saw a poster with a photo of a service user. We noted the person was responsible for helping maintain the security of the building. The registered manager told us they wanted to include people in the service provided and give them opportunities to be involved. We spoke with the person who proudly told us, "I help out by doing bits and bobs."

Staff told us they supported people to develop and achieve their goals. People had individual goals they had identified. One staff member explained how a person who received support needed encouragement to do gentle walking. They explained the person had done this the week previous. The staff member said, "[Person] needed some encouragement but it's what he wanted to do and he did it. He might not want to do it again for a while but he did it once and we'll help him do it again." This demonstrated the service was person centred and responsive to people's individual goals.

Care plans had been developed with people's involvement. We found people's care plans were detailed and person centred. Details included a person's life history, likes, preferences and interests, relationships, communication, care needs and medical conditions. Care records also reflected the activities people were engaged in and were individual to their hopes and aspirations. One care record we viewed recorded the person's goal was to attend college. We saw this goal had been achieved and they regularly attended college as they wished. This demonstrated the service was committed to enabling people to achieve their aims.

The service had committed to involving people in the service it provided. A set of 'Involvement Standards' had been developed by the registered provider and introduced. The standards promoted the involvement of people who received care and support. The registered manager told us as part of the 'Involvement Standards' an 'Involvement group' had been introduced. This was attended by the registered manager who attended a meeting every three months. The registered manager said in the future it was planned people who used the service would attend. They explained this would support people to shape the service provided further.

We looked at the 'Involvement Standards' and found these had been implemented in the service. For

example, we saw one standard was for people to be involved in the recruitment process. The registered manager told us a person who used the service had been involved in this. They explained the person had developed their own interview questions and had attended part of the interview in order to ask the questions. We saw a document which showed the interview questions asked and the response of the person. This demonstrated the registered provider actively sought to promote the involvement of people who used the service.

The registered manager told us they considered the needs of people when delivering the support they required. They explained they recruited people to work at the service and people were introduced to staff in a way that met their individual needs. For example, one person was being supported to recognise new staff who would be supporting them by use of pictures. We were told the person who received support had an electronic tablet which they used to help communication. This had pictures of the new staff on it so existing staff could use these to help the person recognise them. Staff we spoke with told us the pictures enabled the person to see the new staff while existing staff explained who they were and what help they would give. Staff we spoke with confirmed this took place and was helpful in ensuring relationships were developed in a positive way and the person was fully involved and comfortable with their care.

People were encouraged to shape their lives by arranging events that they liked. Minutes of a meeting showed people who received support wanted to have a Sunday lunch together. One person we spoke with told us this had happened and they had enjoyed this. This enabled people to have control over their lives and develop and maintain friendships. People told us they were looking forward to a holiday which was being planned. People told us they had attended a meeting where they had chosen where to go and staff were helping them arrange this. This demonstrated the registered provider was committed to empowering people to live the lives they wanted and supported social inclusion.

RNID – Thornton Gate had a complaints procedure which was available to people who received help and support. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. All the people we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had. One person told us, "I'd talk to staff but things are ok here."

Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated. At the time of the inspection there had been no complaints made.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any concerns would be passed to the registered manager to enable any investigations to take place. One staff member told us complaints needed to be investigated. They explained, "So we can see where we are going wrong." This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

We discussed End of Life care planning with the registered manager. The registered manager told us people were offered the opportunity to discuss this with staff, however at present no-one wished to do so. The registered manager said they respected people's wishes to decline but recognised this was an important part of providing care. They explained there was a policy to support staff and staff we spoke with were confident they would be able to carry out discussions with people and involve them in their care planning. One staff member commented, "We need to be ready to help people at all times, including this time. I'm confident we are."

Is the service well-led?

Our findings

There was a registered manager employed at RNID – Thornton Gate. 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 told us they were happy with the service and they felt supported by the registered manager. One person said, "[Registered manager] is very nice. I can talk to her easily." Relatives told us, "[Registered manager] is on the ball."

The registered manager carried out checks on the quality of the service provided. These included checks on medicines, care records and people's progress towards their individual goals. The registered manager also told us the area manager also conducted regular audits at the service to help ensure improvements were identified. For example, we saw the area manager had identified a file be developed for agency staff. We found the file had been developed and this contained information regarding each member of agency staff. This demonstrated checks were carried out and action taken to improve the service provided.

The registered manager told us they also had oversight of any accidents or incidents that occurred and these were reviewed by them to see if further action was required. They explained they completed investigations and identified if any actions were required. This was confirmed by speaking with staff. Staff could give examples of where incidents had been reviewed to determine if changes were required. This showed the registered manager took action to ensure lessons learned were identified.

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. Staff told us they worked closely as a team and praised the registered manager for their support and guidance. For example, the registered manager held team meetings where the staff were asked to consider how they provided care in line with the Care Quality Commission requirements. One staff member said they found this useful as it enabled them to reflect on the support they gave. This demonstrated the registered manager considered legal requirements and raised awareness of these with staff.

The registered manager spoke highly of the staff who worked at the service. They told us they valued their support and they considered them to be committed to the role they were employed to do, to people at the service and to the team they worked with. The registered manager described staff as, "superb."

Staff told us they liked attending team meetings as they were able to work together to provide the best possible service and solve any problems. One staff member told us, "We can raise our concerns and work on them together." Another staff member said, "[Registered manager] is person focused and always there for staff as well." This demonstrated the registered manager provided leadership to help ensure a good service was provided.

The registered provider sought to gain people's views. We saw meetings took place with people who used the service and people we spoke with confirmed this. All the people we spoke with told us they attended the meetings and they felt involved and they were listened to. We also found surveys were provided to relatives and visiting health professionals and the registered manager told us these were reviewed to identify people's wishes and any common themes.

The registered manager told us they were keen to build productive and positive relationships with other agencies. We saw minutes of meetings which had been held with visiting health professionals. This showed the registered manager worked together with external professionals to develop positive working relationships and provide personalised service.

We asked the registered manager what they wanted to achieve in the future. They told us they wanted to continue to provide a person centred service where people had a voice. The registered manager explained they were committed to helping people live "Their best lived life." They told us they wanted to continue to support people to live as independently as possible.

The home had on display in the reception area of the service their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.