

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?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 4 October 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified.

29 & 30 Dominion Road is registered to provide accommodation and support for up to four people with sensory and associated needs. At the time of our inspection there were four people living at the service.

A registered manager was in post at the time of 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.

We found that people's rights were not in all cases being upheld in line with the Mental Capacity Act 2005. Where a person lacked the mental capacity to make specific decisions about their care and treatment, and no lawful representative had been appointed, their best interests were not consistently established and acted upon in accordance with the Mental Capacity Act 2005. This included the duty to consult with others such as health professionals, carers, families, and/or advocates where appropriate.

Staff members did not consistently receive regular training and supervision to enable them to carry out their duties.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review.

Risks to people were assessed regularly and where required a risk management plan was in place to keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

People's medicines were managed and received by people safely. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines.

Staff communicated with people in a meaningful way, taking an interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans.

Staff demonstrated they had a good understanding of people's individual needs and told us they

understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such as the person's preferred morning and evening routines.

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do.

People maintained contact with their family and were therefore not isolated from those people closest to them. Family members were encouraged to visit regularly and people were enabled to visit their families. Relatives we spoke with felt the service kept them well informed about their relative's welfare.

Staff felt well supported by the registered manager. There were systems in place to assess, monitor and improve the quality and safety of the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not being upheld in line with the Mental Capacity Act 2005.

Staff members did not consistently receive regular training and supervision to enable them to carry out their duties.

People's healthcare needs were met and the service had obtained support and guidance where required.

Is the service caring?

Good ●

The service was caring.

Staff communicated with people in a meaningful way, taking an interest in what people were doing, suggesting plans for the day and asking how people were feeling

Staff supported people in a way that maintained their privacy and dignity.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

People maintained contact with their family and were therefore not isolated from those people closest to them.

The provider had systems in place to receive and monitor any complaints that were made.

Is the service well-led?

Good ●

The service was well-led.

Staff felt well supported by the registered manager.

People were encouraged by the provider to provide feedback on their experience of the service and monitor the quality of service provided.

Systems to reduce the risk of harm were in operation and regular maintenance was completed.

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.

The inspection took place on 3 and 4 October 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified. This inspection was carried out by one inspector.

On the day of the inspection we spoke with three members of staff and the registered manager. In order to enhance our understanding of people's experience of living in the service we observed interactions between staff in communal areas. We also spoke with two people who lived at the service. A member of staff acted as an interpreter. Following the first day of the inspection we also spoke with two relatives.

We looked at four people's care and support records. We also looked at records relating to the management of the service such as the daily records, surveys, policies, audits, supervision and training records.

Is the service safe?

Our findings

Risks to people were assessed regularly and where required a risk management plan was in place to keep the person safe. Risk assessments included a description of the risk and the control measures to reduce the risk. Risk assessments covered issues such as the prevention of self-harm and managing aggression. There was clear guidance for the staff to follow to minimise the risks and to prevent harm.

For one person who was at risk of self-harm staff were informed of potential triggers and de-escalation techniques. Staff demonstrated an understanding of the person's risks and how to manage them. The information provided by staff replicated the information documented in the person's risk and assessment form. We did advise the registered manager that the risk assessments did not indicate that there had been a close liaison with the person or their representative when carrying out the risk assessments. This is essential to achieve outcomes that matter to them. The registered manager acknowledged the need to demonstrate in their records the person's and their representative's involvement in the risk assessment process.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. One member of staff commented: "They're good, we use no agency." We observed that there were sufficient staff to help people. People were having 'one to one' time with staff and being taken out when they wanted to.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the registered manager and that they would be listened to. To ensure staff had access to the most up to date safeguarding policy it was displayed in the office. Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately. We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care

plans identified the medication and the reason why this may be needed at certain times for the individual.

Incidents and accident forms were completed when necessary and reviewed by the registered manager. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed details of the incident, action taken and proposed future actions. Staff were notified of each incident when they occurred; what happened; how it was dealt with; and what staff needed to be aware regarding future strategies. An example of a recently recorded incident involved a person expressing frustration and harming themselves. The incident log notified staff of the distraction techniques used and informed staff of the need to follow the agreed approach documented in the person's care file.

People were in the main cared for in a safe, clean and hygienic environment. Each staff member was allocated daily cleaning duties and people also undertook responsibility for their own household chores. We did note that the majority of the bathrooms contained patches of mould. This could potentially affect a person's health. Shared hand towels were used in the staff bathroom and the visitor's toilet. Sharing towels could increase the risk of cross infection. We were told by the registered manager that plans were in place to re-furbish the bathrooms and the issue raised with the towels would be addressed.

Is the service effective?

Our findings

Staff members did not consistently receive regular training and supervision to enable them to carry out their duties. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in food hygiene, safeguarding adults, infection control and fire safety had been completed. However, the training matrix identified that a number of staff training modules were out-of-date and required up-dating, such as handling and administration of medicines, principles of manual handling and emergency first aid at work.

Additional training specific to the needs of people who used the service had been provided for staff, such as Management of Actual or Potential Aggression (MAPA). This training also required up-dating. Although not extensively used by people all staff were required to have knowledge or learn British Sign language (BSL).

Although staff were supported through a supervision programme they were not in all cases held as regularly as required by the provider's supervision policy. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions would ensure that staff competence levels were maintained to the expected standard and training needs were acted upon.

This was in breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

People's rights were not consistently being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information about the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied made for some people. These safeguards aim to protect people living in a service from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Although the service had carried out their duty and applications had been made to cover the past two years the registered manager was unable to advise us of the current status of the applications made. There was no evidence to indicate they been chased up with the relevant local authority. This potentially meant that people were being inappropriately deprived of their liberty. The registered manager agreed to review the current status of the DoLS applications with the relevant local authority.

Care plans did not include mental capacity assessments. Where a person lacked the mental capacity to make specific decisions about their care and treatment, and no lawful representative had been appointed, their best interests were not consistently established and acted upon in accordance with the Mental Capacity Act 2005. This included the duty to consult with others such as health professionals, carers, families, and/or advocates where appropriate. An example of this included where one person had no legal representative and did not have access to an independent advocate to represent their interests at the annual review meeting. In the main the risk assessment forms did not include capacity assessments and include the signature of the person or any other interested party to signify they had provided consent to the level of care provided. Staff training on the Mental Capacity Act 2005 (MCA) also required up-dating.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff training on the MCA required up-dating they understood the importance of promoting choice and empowerment to people when supporting them in their daily lives. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. We observed staff enabling people to make choices on day -to -day decisions such as household management, food choices and what they wanted to do throughout the day.

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing their own menus, food preparation and cooking. People's preferences for food were identified in their support plans.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. There was a health action plan in place for each person that recorded their health needs and any guidance or appointments relating to healthcare professionals. Where one person was expressing challenging behaviour the staff made a referral to the psychiatrist and the speech and language therapist team. We also saw people had received input from the GP, epilepsy nurse, sensory team, physiotherapists as well as other professionals.

Is the service caring?

Our findings

Our observations and feedback we received showed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff communicated with people in a meaningful way, taking an interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans. They took people out, helped with chores and spent one to one time with people. People also enjoyed spending time in their bedrooms surrounded by their own things and having their own space. Their personal space was respected by staff members.

We received positive feedback from relatives about the staff. Comments included; "We're generally very pleased with the service. It's a very friendly house. We always ask whether she's happy and 99% of the time she's very happy there. They're very caring and let her be independent"; and "I can't fault anything, the staff are wonderful."

One person told us about their love of football. Staff were discussing football results and having light hearted conversation with the person about the weekend events. Staff also shared their passion and joined them at sporting events such as Bath rugby games and also went to the pub to watch football games. They also had access to a sports channel in their bedroom as they loved all sports.

One person liked to be pampered and owing to their medical condition also needed to exercise movements in their hand. A member of staff painted the person's nails while they were squeezing a ball to improve their hand movements. The person also loved having their photo taken. Staff had arranged for the person to attend a professional photography studio for the day. They had a make-over and had their photos taken. They were displayed in the house and they showed us the album of their day. It was clear that the person thoroughly enjoyed their experience.

There was lots of laughter during the day. People were attending educational activities, spending time in the garden, doing their laundry and helping with food preparation. People and staff appeared to work well as a team. Staff were committed to their role and took great pride in their work and the people they cared for. Staff comments included; "It's their home, not a care home environment. If we need something, we're on it"; and "It's a homely environment and happy. There's lots of laughter and there's never a dull moment." One relative told us; "There's a holistic approach. People eat together and it brings people together."

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such as the person's preferred morning and evening routines. One person chose not to get up early in the morning and this had affected their activities programme at the education day centre. The staff arranged for the person to attend afternoon sessions to ensure they continued to engage in the activities they enjoyed. One member of staff told us about new techniques they had introduced to try and comfort a person to prevent them from self-harming.

People's privacy and dignity was maintained at all times. One member of staff provided examples of how people preferred their personal care routine to be conducted and told us they encouraged people to be independent, as far as possible. For one person this included prompting dental hygiene and supporting a person to wash their hair. Staff told us that they would offer hands on support when asked, or when it was obviously required. Staff enabled people to undertake tasks themselves. People's personal space was respected. The service had a flashing light system to alert the person that a member of staff would like to enter their bedroom. No member of staff entered a person's bedroom without permission. One relative told us; "They give her help when she needs it. If she wants peace and quiet they respect that."

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the home and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. A formal care plan review was held once a year. Reviews included comments on: Health and medication; Emotional development; Relationships; Personal care; Communication skills; and the person's goals for the next year. Staff responded to any identified issues by monitoring health and medication (where needed), amending activity programmes, planning holidays and introducing new strategies to enable the person to become more independent.

In order to enhance staff understanding of the person's needs, communication plans were in place. For one person staff used a variety of symbols with the use of a velcro board. This offered them the opportunity to plan their own day and provided another way to communicate if staff initiated an activity or chore. Staff also encouraged the person to progress with their British Sign Language. The plan highlighted that the person would ignore staff if they did not like what was being asked of them. However, they will call out for things they need. The staff also used photos to give the person a choice of a new keyworker. Following one person's request staff supported them to access a course to refresh and improve their Deaf Blind manual signing. This ensured that they were able to communicate with their friends and this was particularly important to them.

Care records were personalised and described how people preferred to be supported. In the main people and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person this included having interaction with their housemates, staff and people in the community. Staff ensured that the person's timetable combined as many of their interests as possible. Staff supported the person to access the Deaf Club to meet other deaf people and form new friendships.

People had access to a wide range of individualised, meaningful activities. People engaged in activities such as drama, dancing, trampolining, swimming, holidays abroad, horse riding, going to restaurants and the cinema.

People maintained contact with their family and were therefore not isolated from those people closest to them. Family members were encouraged to visit regularly and people were enabled to visit their families. Relatives we spoke with felt the service kept them well informed about their relative's welfare. The feedback regarding the staff and their understanding of their relative's needs was really positive. Comments included: "[person's name] comes home every four weeks. They're very caring and let her be independent. They encourage her to a variety of activities. We attend reviews. [Person's name] attends as well. They ask her

before the review about the points she wants to go through"; and "I can't fault anything. The staff are wonderful. They are happy in their environment and they let me know about notable events. I call once a fortnight." Owing to staff support one person had been reunited with a family contact. Staff sent photos and wrote to the family regarding the person's welfare and activities.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things that are important to the person such as how to communicate with them and their likes and dislikes.

The provider had systems in place to receive and monitor any complaints that were made. The service had received one formal complaint in the last twelve months. The matter was investigated by the registered manager and was processed in accordance with their complaints policy. Relatives told us they knew how to raise a complaint, if required. Comments included; "I can't find anything to complain about. I can't fault anything"; and "If she wasn't happy she would contact me or [registered manager's name]. I have never had to raise a formal complaint. If we had any concerns I would raise them with [registered manager's name]."

Is the service well-led?

Our findings

Staff felt well supported by the registered manager. Staff initiatives were supported by the registered manager, such as listening and acting on staff recommendations on how to alleviate a person's anxieties. Staff members confirmed that they would approach the manager if they had any concerns. We were told that regular staff meetings were held but they could raise issues "as and when." One member of staff told us; "We have got a good boss. If something is up he's easy to talk to." Regular staff meetings ensured staff were kept up to date with issues surrounding the service. Recent agenda items included; Positive encouragement; Team work; Fire safety; and Shift Planning. The staff felt they worked well as a team and they "help each other out." Staff were also provided with a monthly newsletter advising them of provider events, staff vacancies and good news stories.

Communication books were in place for the staff team as well as one for each of the individuals they supported. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals. We observed a staff handover. Issues discussed included the activities and plans of each person, household chore update, old medicines being disposed, new pain relief being purchased; water temperature information and tasks that needed to be completed in the next shift. This meant that staff had all the necessary information at staff handover.

Health professionals commented in a recent survey; "The garden is stunning. My clients seems generally happy and well in Dominion Road. I feel her needs are met"; and "Staff are experienced and well-trained and seem happy in their jobs. The home is welcoming and meets the needs of all the clients."

Relatives provided positive feedback on the staff and the registered manager. Comments included; "The staff are good. [Registered manager's name] is brilliant, very good. He communicates with us by the phone and emails"; and "[Registered manager's name] is wonderful. They brought them up to come up and see me. They seem very happy. I know they are safe."

People were encouraged by the provider to provide feedback on their experience of the service in order to monitor the quality of service provided. Through annual care plan meetings people and their representatives were encouraged to provide feedback on their experience of the service .. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision making process, such as the choice of their activities.

Within the service people had a variety of methods to provide feedback. This was through monthly house meetings, planning meetings and review of activities. People had access to their own keyworkers. The keyworker had a special responsibility for ensuring that the person had maximum control over all aspects of their daily life. They were involved in the planning of how the person's care needs would be met, and agreeing with the person the amount of assistance they required and the activities they would like to engage in.

To ensure continuous improvement the Head of Service conducted regular compliance audits. They reviewed issues such as; health and safety, incident and accident reports, risk assessments, fire safety, maintenance and the environment. The observations identified good practice and areas where improvements were required. Actions were taken forward as required, such as the recommendation for the registered manager to develop the garden and patio area and obtain quotes for access ramps.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not consistently being upheld in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff members did not consistently receive regular training and supervision to enable them to carry out their duties.