The Royal National Institute for Deaf People

RNID Action on Hearing Loss 60 Olive Lane

Inspection report

Olive Lane
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Date of inspection visit:
23 November 2015

Date of publication:
08 January 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection was unannounced and took place on 23 November 2015.

At our last inspection in January 2014 the provider was meeting all of the regulations that we assessed.

The provider is registered to accommodate and deliver personal care to eight people. Seven people lived at the home at the time of our inspection. All people lived with a profound hearing impairment and also had a varied range of other needs. These included needs relating to old age, poor mobility, dementia and mental health conditions.

The manager was registered with us as is required by law. 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.

Staff were available to keep people safe but there was not always enough staff to allow care and support to be provided flexibly, to consistently meet all people's needs.

Medicine systems demonstrated safety and confirmed that people had been given their medicines as they had been prescribed. However, some changes and new safeguards were needed to enhance safety and ensure people's health and wellbeing.

Staff had received the training they required to equip them with the skills they needed to communicate with, and support, the people in their care.

Staff received induction and the day to day support they needed equip them with the knowledge and direction to undertake their job roles.

Staff knew the procedures they should follow to ensure the risk of harm and/or abuse was reduced.

Recruitment processes mostly ensured that unsuitable staff were not employed.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were supported by staff who were kind and caring. People were encouraged to make decisions about their care and support.

Staff supported people with their nutrition and dietary needs to promote their good health.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

People, relatives and staff felt that the quality of service was good. The management of the service was stable. The registered manager and provider undertook regular audits to determine shortfalls or to see if changes or improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Although staff were available to keep people safe there was not always enough staff to allow care and support to be provided flexibly to consistently meet all people's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed and would be enhanced if appropriate references were obtained.

Medicine systems confirmed that people had been given their medicines as they had been prescribed. Additional safeguards were needed to enhance safety and ensure people's health and wellbeing.

Is the service effective?

Good

The service was effective.

Relatives felt that the service was effective and met people's needs safely and in their preferred way.

Due to staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

People and their relatives felt that staff had the knowledge they needed to meet people's needs and to keep them safe.

Is the service caring?

Good

The service was caring.

People and their relatives felt that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Good

The service was well-led.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a team leader and senior care staff. Staff were supported and guided by the management team.

People and their relatives knew who the registered manager was and felt they could approach them with any problems they had

The registered manager and provider had undertaken regular audits to ensure that the home was run in the best interests of the people who lived there.

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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.

Our inspection was unannounced and took place on 23 November 2015. The inspection was carried out by two inspectors. People lived with a hearing impairment so we used a British Sign Language interpreter so that we could communicate with people effectively. This ensured that people could tell us their experiences about living at the home.

We asked the provider to complete a Provider Information Return (PIR). 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. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met all of the people who lived at the home. We spoke with four people, three care staff, the deputy manager, the registered manager, one relative and an external health care professional. We looked at the care files for two people, medicine records for three people, recruitment records for three staff, training and supervision records for two staff, complaints, safeguarding and quality monitoring processes. We also looked at provider feedback forms that had been completed by relatives and the people who lived at the home.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt that there were enough staff to meet their needs. A person said, "There are always staff when we need them". A relative told us, "I have never seen anything to make me feel that there are not enough staff". An external healthcare professional said, "I have never picked up any issues that have suggested that there are not enough staff". Staff we spoke had differing views about the staffing levels being able to meet people's full needs. We observed staff were available during the day to keep people safe. A person had needs that required two staff mid-morning to support them. This left mostly one (or sometimes two) staff to meet the needs of the other people. This did not allow flexibility of other people's routines at that time, or enable them to go out into the community if they wanted to. The registered manager agreed that staffing levels were not always adequate. They told us that they had approached funding authorities for additional money to increase staffing levels.

The registered manager told us that staff covered each other during holiday time and that there were staff that could be called upon to cover staff absence. This was confirmed by staff we spoke with. This gave people assurance that they would be always be supported by staff who were familiar to them and knew their needs.

Staff we spoke with told us that checks had been undertaken before they were allowed to start work. This was confirmed by the registered manager. We checked three staff recruitment records and saw that some pre-employment checks had been carried out. These included a completed application form and a check with the Disclosure and Barring Service (DBS). The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. These systems minimised the risk of unsuitable staff being employed. However, we found that for one staff, a reference had not been obtained from their previous employment in a care environment. Obtaining references from a previous employer (when this was a care environment) would provide evidence of staffs suitability.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training. We also saw that staff who managed medicines had been assessed as being competent to manage medicines. We observed that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines that could cause them ill health.

A person said, "If I have pain the staff give me my medicine". Some Medicine Administration Records (MAR) highlighted that people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. Current and up-to-date protocols should ensure that people would be given their medicine when it was needed and would not be given when it was not needed. However, although the registered manager assured us that the protocols were still valid some had not been reviewed for a number of years. We saw that a person had been prescribed two medicines to calm them on an as needed basis. We determined that if the two medicines were both used to the current dose and within a short timescale the effect could be that the person was heavily sedated. This could cause them ill health. Being heavily sedated could make a person unsteady on their feet and could cause a fall, or if they were sleepy they may take less food and drink which could cause malnutrion and

dehydration. We discussed this with staff and the registered manager who told us that they would raise this issue with the person's GP to see if change to the way the medicines were prescribed was needed.

A person said, "I am always given my tablets they are not missed". The provider had systems in place for the ordering of medicines. This ensured that there was always the correct amount available for people to take their medicine as it had been prescribed. We looked at two people's MAR and saw that they had been completed as they should by staff. We counted the two people's tablets and found that the correct number was available to what was highlighted on their MAR.

One person raised an issue that we fedback to the local authority in case it needed further attention. All other people we spoke with told us that they were not worried about anything and had not suffered any abuse. A person told us, "All staff are lovely. I have not experienced anything". A relative told us, "Absolutely nothing like abuse there". Local authority staff told us that they had not been made aware of any concerns regarding abuse. Staff we spoke with told us that they had received training in how to safeguard people from abuse, could recognise the signs of abuse, and knew how to report any concerns. A staff member said, "I am not aware of any abuse here. If I was worried about anything I would report to the manager". We saw that processes were in place to ensure that people's money was kept safely and the risk of financial abuse was reduced. We saw that records were maintained to confirm money deposits and money spent. We checked two people's money against the records and found that it balanced correctly.

A person told us, "I am feeling safe here. The only thing I am frightened of is the dark at night". They pointed to their bedside lamp and told us that they used that at night and that made things better. A relative told us that they felt their family member was safe living at the home. They said, "They [person's name] are absolutely safe there". Staff also told us that in their view the people who lived at the home were safe. An external health professional told us, "I have no doubt everyone is safe there". We saw that risk assessments had been undertaken to explore any risks and reduce them these included, falls and going out into the community. We saw that a specialised bed that could be lowered had been provided for one person as they were at risk of falling. The registered manager and staff told us that the person had not fallen since they had been provided with the bed.

Good

Is the service effective?

Our findings

People, the relative and all staff we spoke with felt that the service provided was effective. A person said, "I really like it here. It is good". A relative described the service as, "Brilliant". An external health care professional said, "It is a good place. Much better than a lot of similar other places. I have never had any concerns about the people I provide a service to there". A staff member said, "I think that the service people get here is very good".

A staff member said, "I feel supported. If I don't know something the manager is approachable to ask. The other staff are also helpful and supportive". All staff we spoke with told us that they received supervision sessions. Records that we looked at confirmed this. Supervision sessions are a tool that can be used to focus on staff members work and performance and gives the staff the opportunity to raise issues if they need to.

Staff told us that they had induction training when they started to work at the home. A staff member said, "I looked at policies and procedures, worked alongside staff who were familiar with the people, and had an introduction to the people". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The registered manager told us, and showed us evidence to confirm, that the provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

People told us that they felt that staff had the knowledge and skills needed to provide the care and support they needed. A person said, "The staff look after me properly". A relative told us, "The staff know what they should do. They are brilliant. Much better than the previous place they [their family member] were in". Staff told us that they felt competent and able to undertake their job roles. A staff member said, "I feel comfortable and confident to do all of the tasks required of me".

A person told us, "I understand the staff and they understand me". A relative said, "It is brilliant that all of the staff are competent in using sign language. It is so important to them [their family member] that they can communicate with the staff. It was not like that at the other place they were in. The staff could not communicate with them". Throughout the day we saw that all of the staff were skilled in communicating with people using sign language.

Records that we looked did not confirm that all staff had received the training the provider had identified that they should do. However, we did not identify any impacts on people as a result of the lack of training. The registered manager told us that all training was readily available online for staff to access or be nominated for. Before our inspection finished the registered manager showed us evidence to confirm that some training sessions had been secured.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. People we spoke with told us that they could go out when they wanted to. A person said, I go out shopping when I want to". During our inspection another person went out into the community independently. We saw that mental capacity assessments had been carried out so that staff knew people's individual decision making strengths. The registered manager told us and records that we looked at confirmed that an application for DoLS had been made for one person. However, the local authority had not yet approved this. Staff we spoke with were aware of the principles of MCA and DoLS and gave us a detailed explanation of their purpose. All staff knew that people should not be unlawfully restricted in anyway.

A person told us, "The food is always nice. We can have what we want". Another person said, "Lovely food". The person was smiling and said, "I'm fat because I eat all the food". Staff told us that they offered people the food and drink that they preferred. At mealtimes we heard staff asking people what they would like to eat and drink. The staff showed people different meal options so that they could decide what they wanted to eat. We saw that food stocks were plentiful that included fresh fruit and vegetables. During the afternoon we saw that staff offered people sliced fresh fruit in bowls. A person said, "Mmm lovely. I like this".

We observed that the breakfast time was flexible to suit people's preferred rising times and needs. We observed that staff were available to give people support and assistance to eat and drink at lunch time. There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. We found that where staff had concerns about people's dietary needs, or that people may be at risk of choking, they had made referrals to the dietician and Speech And Language Therapist (SALT) for advice. We found that people who could stand safely were weighed regularly. However, there was no equipment available to weigh people who could not stand. This meant that it was not possible to monitor all people properly to identify if they were at risk of obesity or weight loss.

A staff member told us that they felt that too many of the meals offered were frozen. They said, "I am not saying that people do not like the food, they do. I have noticed though that if it is freshly cooked people eat more". We spoke with the registered manager about this who told us that the people who lived there had not raised any issues about the food but they would discuss this with people to see if changes were needed.

A person said, "I go to the doctor when I am poorly". An external health care professional said, "The staff always refer to me if there are issues. They follow my instructions". Another person told us that they had their eyes tested and had dental checks regularly. A relative we spoke with told us that staff called the doctor or other health care services when needed. They said, "The staff always make sure they [their family member] get the input they need". Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, specialist health care teams, local mental health teams and SALT

Good

Is the service caring?

Our findings

A person said, "The staff are nice. They are lovely". Another person told us "The staff were always very helpful. They cannot do enough for me". A relative said, "The staff are friendly and helpful". A staff member told us, "We [the staff team] are all caring. I think all of the people here are content. We saw that people were calm, happy and smiling. Staff acted positively and warmly towards people and we saw they had a caring and compassionate manner. We heard staff asking people how they were and showed interest in them and their families.

A relative told us, "It is a happy place". We found that the atmosphere was warm and friendly. A person said, "I like [person's name] we are friends". We found that the provider had the understanding that if they allowed people to have pets it may give them comfort. Two cats lived at the home. We saw a person stroking a cat. The person was smiling and said, "I love stroking and patting the cat". It makes me happy".

A person showed us the key to their bedroom door. They told us that they liked to lock the door as their room was their own private space. We observed staff knock doors before entering people's bedrooms. Another person said, "The staff are polite". A relative told us, "The staff are polite and respectful to them [their family member]. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care.
Staff told us that they had read the providers confidentiality policy. A staff member told us, "We ask people if we can share confidential information with their doctor and other health care workers. Then we only share the information on a strict 'need to know' basis. Another staff member told us that staff always ensured that people's care plans and other records were locked away. We saw that this was correct. These actions highlighted that staff knew the importance of ensuring people's privacy, dignity and confidentiality.

A person said, "I always dress myself, how I want to dress." A relative said, "The staff always make sure that they [person's name] are well presented and wear the clothes they want to wear". We saw that a staff member helped a person to put their necklace on. The person smiled and nodded. They liked to wear their necklace. Staff knew that people's appearance was important to them. They told us that they supported people to go shopping to purchase personal items and clothes.

A person told us they liked to spend lots of time in bed and staff respected their wishes. Another person said, "The staff know that I like to decide what I want to do. What time I want to get up and what time I want to go to bed". Staff told us that people were asked and were always involved in making day to day decisions about how they wanted to spend their day. We saw information that gave contact details for advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that one person had the input of an advocate at the time of our inspection.

People told us that staff encouraged them to develop and maintain their daily living skills. A person said, "I clean my room, go shopping and do my laundry". Staff told us that they enabled people to be independent

where possible. We heard staff encouraging people to prepare their breakfast and to do small tasks for themselves. However, at lunch time we saw that people were sitting, waiting for their meals. This did not show that people were encouraged to be independent in preparing their own meals. We spoke with the registered manager about this who told us that staff always prepared the lunch time meal. They told us that they would discuss this with staff and the people who lived there to see if a change was needed.

A person said, "I like to see my family. They come to see me often". A relative told us, "I can visit at any time. The staff all make me feel very welcome". Staff told us that having contact with their family and friends was important to the people who lived at the home. The registered manager told us that visiting times were open and flexible.

Good

Is the service responsive?

Our findings

A relative told us, "I visited the home with them [their family member] and assessments were undertaken before they [their family member] lived at the home". The registered manager told us and records that we looked at confirmed that prior to people living at the home an assessment of need was carried out. This involved the person and/or their relative to identify their individual needs, personal preferences and any risks. People we spoke with told us that they were involved in meetings and reviews to make sure that they could say how they wanted to be supported. A relative told us, "I am involved and my views are asked".

A person told us, "I have been here a long time. The staff know what I need". A relative told us, "They [person's name] are looked after well. Much better than where they were before. The staff know them well and they are very happy there. The positive change in them since they have lived there is amazing". An external health care professional told us, "The staff know the people and their needs". A staff member said, "I think all staff know the people well and we look after them in the way they need". The care plans that we looked at highlighted people's preferences to ensure that they were looked after in the way that they wanted to be, but did not capture all people's medical needs. However, all staff we spoke with had a good understanding and knowledge about people's needs and what they should to do to meet their needs. The registered manager told us that they would update the care plans.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so.

A person told us, "I like going shopping. I am going Christmas shopping next week with the staff". Other people who wanted to accessed the community on a regular basis. This was to shop, go to chosen places of interest, or eat out. Two people attended a specialist community resource on a regular basis for people who had limited or no hearing. They told us that they enjoyed going there. We observed a person going out into the community independently. They told us that they liked doing that. We saw photographs displayed on the dining room wall of day trips and activities that had been carried out.

Relatives told us that staff asked them their views on the service provided. A relative said, "The manager often asks us how things are going. I am very satisfied with everything". We saw provider feedback forms on care files that had been completed by people and their relatives. The overall feedback was positive and confirmed that people were happy with the service provided.

A person told us that they were aware of the complaints procedure. They said, "I would tell the manager if I was not happy". A relative said, "Believe me, compared to the last place they were in [their relative] I have nothing to complain about. If I did I would be happy to approach the manager. I know they would sort it". We saw that a complaints procedure was available. The registered manager told us that they had not received any complaints. We had not been made aware of any complaints or issues.

Good

Is the service well-led?

Our findings

A person said, "It is very good here". A relative told us, "It is a good, well run, service". An external healthcare professional told us, "It is a very good service. It is well organised and well run". Staff we spoke with were positive about the service and told us that they felt it was good.

We found that a person's admission to the home had an impact on the running of the service and limited the flexibility of support to some people who lived there. The registered manager told us that they had learnt from this. They told us that the assessment process had not highlighted the impacts of the time needed to give support to the person on the existing people. They told us that they would be mindful of this in the future and was negotiating with funding authorities to correct the situation.

We spoke with the registered manager about how safety could be enhanced with medicine management. This included the use of 'as required' medicine regimes and medicine records. The registered manager listened to what we said and told us that they understood the need for processes to be changed. They told us that they would address the issues.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager. A person said, "The manager is good. She is very nice". A relative told us, "The manager is very professional".

All people and the relative we spoke with knew the registered manager and felt they could approach them with any problems they had. A relative told us, "The manager is open and honest with us". The registered manager made themselves available and was visible around the home. During the day we saw the registered manager speak with and interact with people. People responded to the manager by smiling and communicating with her. It was clear that people were familiar with the registered manager. Our conversations with the registered manager confirmed that they knew all of the people who lived there well.

Our conversations with relatives confirmed that the staff were well-led and worked to a good standard. A relative said, "A good staff team led by an excellent manager". A staff member said, "I feel supported". All staff we spoke with told us that they felt supported and directed by the registered manager. A staff member said, "We have meetings regularly where we are given information and can raise any issues". Records that we looked at confirmed that staff meetings were held regularly.

Providers are required by law to notify us about events and incidents that occur these could include deaths and serious injuries and are called notifications. From speaking with the registered manager it was clear that they understood their responsibility to notify of incidents. They told us that there had not been any incidents in the last few years that required a notification.

We asked the provider to complete a Provider Information Return (PIR). 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. The provider returned their PIR within the timescale we gave and it was completed to an adequate

standard.

Incidents and accidents that took place within the home were recorded appropriately following the providers procedures. Staff told us and records that we saw confirmed that the registered manager monitored these for trends so appropriate action could be taken to reduce any risks to people. The staff we spoke with were able to explain the action they took to prevent accidents and incidents and risks to the people who lived there.

The registered manager told us that the provider had recently been re-accredited with an externally recognised quality award. We saw a certificate to confirm this. A staff member told us, "Audits are undertaken on everything. Medicine audits are undertaken regularly". There was ample documentary or online evidence to show that regular audits and checks had been undertaken by the registered manager and/or provider. The registered manager confirmed that they had undertaken audits to determine if the service was being run in the best interests of the people who lived at the home. The registered manager told us that they had allocated the task of undertaking some audits to the staff but then checked to see that they had been done correctly.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member said, "If I was concerned about I would report it to the manager straight away. If I was not happy with what was done I would go to head office or to social services". We saw that a whistle blowing procedure was in place for staff to follow. Staff we spoke with told us that they had read and understood the procedure.