

The Royal National Institute for Deaf People RNID Action on Hearing Loss Apollo House

Inspection report

Furthergate Business Park
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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 Apollo House is a specialist domiciliary care agency. It provides a range of care and support services for deaf, deaf blind and hard of hearing adults who may have additional needs such as learning disabilities, mental health needs or physical health problems. At the time of the inspection there were six people using the service, five of whom lived in a sheltered accommodation complex in Preston.

At our last inspection in July 2016, we rated the service Good although we identified a breach of regulations in relation to the recruitment of staff. At this inspection, we found the required improvements had been made. 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.

The recruitment procedures had improved and were now sufficiently robust to protect people from the risk of unsuitable staff.

People received safe care. The staff we spoke with were aware of how to safeguard adults at risk of abuse. There were safe processes and practices in place for the management and administration of medicines.

People told us there were always sufficient staff available to meet their needs and support them to attend activities of their choice. Staff used a range of methods to communicate with people, including British Sign Language (BSL), pictures and the written word. People told us all staff were competent in the use of BSL.

Staff told us they received the induction, training and supervision necessary for them to carry out their roles effectively. People told us staff knew them well and understood their wishes and preferences in relation to the support they needed.

People told us staff respected their right to privacy and dignity. They told us staff took their time when providing support and encouraged them to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice.

People lived in their own homes and were therefore able to make their own choices about the food they ate. However, staff told us they would always encourage people to make healthy choices. This inspection was carried out during a period of very hot weather and we noted the registered manager had taken action to remind people of the importance of remaining hydrated during this period.

People's needs were assessed before they started using the service and this information was used to develop a series of care plans and risk assessments. Records showed that all care plans and risk

assessments had been regularly reviewed.

We saw evidence that people had been involved in reviewing their care and support needs. We saw that staff were responsive to people's changing needs and involved health professionals as necessary.

People were encouraged and supported to be involved in a range of activities to help reduce social isolation and maintain their well-being.

People who used the service, staff and community based professionals were positive about the way the service was run. The values of the organisation were well understood by staff and they told us how these were put into practice in their day to day support of people.

Audits and checks of the service were completed regularly. We found the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained 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 has improved to 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 Apollo House

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 July 2018 and was announced. In accordance with our guidance, we gave the provider 48 hours' notice that we were undertaking this inspection; this was to ensure that the registered manager and staff were available to answer our questions during the inspection. The inspection was carried out by one adult social care inspector. They were supported on the second day of the inspection by a British Sign Language (BSL) interpreter.

Before this inspection we reviewed the completed provider information return (PIR); this is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the relevant local authority contract monitoring teams and the local Healthwatch in order to gather their views about the service.

On the first day of the inspection, we visited the registered office and spoke with the registered manager and one staff member. On the second day of the inspection, we visited the satellite office at the complex of flats from which the domiciliary care service was delivered and spoke with two people who used the service and a staff member.

We reviewed a range of records about people's care and the way the service was managed. These included the care and medicines administration records for four people, staff training records, six staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in July 2016, this key question was rated as 'Requires improvement'; this was because recruitment procedures were not sufficiently robust to protect people from the risk of unsuitable staff. Following the inspection, the provider sent us an action plan which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made and this key question is now rated as 'Good'.

We looked at the recruitment files for six staff and found all staff had been safely recruited. The recruitment process involved candidates completing a written application form and attending a face to face interview. Required pre-employment checks had been out including a DBS (Disclosure and Barring Service) check. The DBS carries out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted that a values based recruitment process was in place; this meant applicants were asked to provide evidence of how they could demonstrate their understanding of the values on which the organisation was based.

All new employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

Records we reviewed showed people who used the service had been involved in the recruitment of new staff. The registered manager also used a 'matching tool' to help ensure staff and the people they supported were compatible.

People spoken with told us there were always enough staff on duty to ensure people's needs were met. An accessible rota had been developed to ensure people who used the service were aware of which staff were on duty. Staff told us the rota was always completed to ensure staff were available to support people to attend appointments.

People told us they felt safe with the staff who supported them. A safeguarding policy was available which included the different types of potential abuse and staff responsibilities. Staff had completed safeguarding training and knew the correct action to take should they witness or suspect abuse. They told us they would not hesitate to use the whistleblowing policy to report any poor practice they observed and were confident the registered manager would take appropriate action to ensure people were properly protected.

Records we reviewed showed safeguarding was regularly discussed at the coffee mornings held with people who used the service. Accessible information was also provided for people about how to keep themselves safe and how to report any concerns they might have.

We looked at the systems in place for the administration of medicines. On the first day of the inspection, we reviewed the medicine administration record (MAR) charts for three people which covered the month of June 2018. We noticed there were a number of missing signatures on these MAR charts. We raised this with the registered manager who told us they were aware of the gaps we had noted and were in the process of

discussing these with the relevant staff. However, we noted the medicines audit for June 2018 had not documented this as an action to complete. The registered manager told us this was an error on their part. On the second day of the inspection, we looked at the MAR charts for the two people we visited in their homes. We found these were fully completed and both people told us staff always ensured they took their medicines as prescribed.

Staff had completed training in the safe administration of medicines. Records showed the registered manager had completed an assessment of each staff member's competence in the safe handling of medicines.

Risk assessments were in place for people supported, including those relating to mobility, use of equipment and social activities. Risk assessments provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. All risk assessments were reviewed regularly.

Staff were aware of how to prevent the risk of cross infection. All staff were provided with personal protective equipment (gloves and aprons) which they wore when they supported people with personal care. People who used the service told us, when necessary, staff helped them to maintain the cleanliness of their property.

There was a business continuity plan in place. This provided guidance for staff in the event that the service experienced disruption due to staff shortages, severe weather or the loss of information technology systems. This helped to ensure that people continued to receive support if the service experienced difficulties. Information was also available about the support people would need from staff if they needed to be evacuated from their home in an emergency.

We saw evidence that people's care records and staff files were stored securely in the agency's office and were only accessible to authorised staff.

Is the service effective?

Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People told us staff had a good understanding of their needs and knew how they liked to be cared for. Comments people made to us included, "Staff do whatever I want them to" and "Staff help me a lot."

Staff told us, "I feel I know people really well. I know people's routines and how they like me to do things" and "I get to know the little personal things people like, such as having their towel or nightie warmed up."

Staff received the induction, training and supervision necessary for them to be able to deliver effective care. Staff told us they received a thorough induction when they joined the service and this was confirmed in the records we reviewed.

The registered manager told us that all newly employed staff had to complete the Care Certificate. The Care Certificate is the new minimum standards that should be covered as part of the induction training of new care workers. The service employed a mix of deaf and hearing staff. We were told that staff who were not 'native' British Sign Language (BSL) users were required to work towards achieving Level 2 in BSL; this helped to ensure staff were able to communicate effectively with people who used the service. People who used the service told us all staff were competent in the use of BSL.

Staff told us they had completed training to help ensure they understood people's needs and were able to provide effective support. They told us their training was updated regularly and they could request further training if they felt they needed it. One staff member told us how they had completed training in dementia care as they were now supporting a person who was living with this condition. The registered manager maintained a central record of all training completed by staff and when refresher training was due.

Staff told us they received regular supervision and an annual appraisal of their performance; this was confirmed in the records we reviewed. We saw evidence that staff received feedback about their performance and were able to raise any concerns during supervision. This helped to ensure that staff were supported by skilled, professional staff.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences; this helped to ensure that the service was able to meet people's needs.

We reviewed four people's care records. We found they included detailed information about people's needs, preferences, likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff

spoken with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone. They also told us that they provided information for people, often in pictorial form, regarding health and nutrition. This inspection was carried out during a period of very hot weather and we saw information on display which reminded people of the importance of keeping hydrated. The registered manager told us they had bought and distributed a number of different types of bottled water to encourage people to drink regularly throughout the day.

The provider was adhering to the principles of the Mental Capacity Act (MCA) 2005. The 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 make 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

The registered manager told us all people who currently used the service had capacity to consent to their care arrangements. Staff spoken with told us they had completed training in the MCA and were aware of the key principles of this legislation.

People who used the service told us they always made their own decisions about their daily routines and the support they received. One person told us, "I choose my own clothes but staff help me to put them on." Another person commented, "I talk to staff about what I need and they always help me."

Staff told us, "We always ask if it is ok to do things. There is written consent from people for some decisions but it is polite to always ask" and "There is a client file which tells us what people like and want us to do for them. Generally, I just follow what the client says."

People told us that staff would always contact health professionals for them such as their GP if they had any concerns about their health. On the day we visited the satellite office, we noted that a staff member accompanied a person to a health appointment. Staff told us they would always ensure that a qualified interpreter was available to support people during routine health appointments. This helped to ensure that people were able to access relevant information and could make informed choices about any care or treatment they required. Each person's care records also contained a health action plan and a hospital passport; this document provides important information for professionals about people's health conditions and how they should communicate with each individual when providing any treatment.

Is the service caring?

Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People who used the service told us staff were always kind, caring and respectful towards them. Comments people made included, "All staff are nice and helpful" and "I enjoy being with them [staff]. We have a bit of a laugh and a joke."

We saw that staff had completed their own one page profiles; these profiles included information about staff likes and dislikes and demonstrated a commitment to being caring and open with people who used the service. The registered manager told us these one page profiles also helped match people who used the service with staff who had similar interests and personality.

Staff recognised the importance of non-verbal communication when supporting deaf people and demonstrated a caring approach. One staff member told us, "The face says it all in the deaf world. You always need to have a smile on your face. Your whole focus is on the person you are supporting, whatever they need or want. We try to be empathic towards people and put yourself in their shoes so that we can understand their frustrations when they are misunderstood."

Staff spoken with told us they considered people who used the service received a high standard of care which promoted their independence as much as possible. People who used the service confirmed staff always encouraged them to be independent. One person commented, "Staff encourage me to do my cooking and cleaning with them." Another person told us, "Staff help me with my cleaning and washing. Sometimes I help with drying the washing up and putting things away. We work as a team."

Policies and procedures were in place to inform staff about the need to treat people with respect and to provide support which met each individual's diverse needs and wishes. Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences.

The provider demonstrated a commitment to equality by ensuring deaf staff were able to access an interpreter to support them in supervision sessions, team meetings and staff training. A member of staff told us, "I feel treated equally to hearing staff."

Staff told us they were respectful of the fact that they were supporting people in their own homes. We saw that people's care records included information about whether staff could enter the person's property after ringing the flashing doorbell, or if they should wait for the person to answer the door. People told us staff always respected their dignity and privacy when they provided personal care.

People who used the service used a range of communication tools including BSL, pictures and writing things

down. Each individual's preferred method of communication was included in their care records. Staff demonstrated excellent knowledge regarding each person's needs, likes, dislikes and support they required. Staff were also able to tell us about people's interests and hobbies and things that were important to them.

Photographs in care records provided evidence that people were supported to be as independent as possible by completing household tasks and undertaking activities in the community.

The provider had developed an 'Easy Read' guide for people who used the service. This helped people to understand the support they would receive as well as providing information about important issues such as consent, privacy, involvement in care planning, positive risk taking and choice.

The registered manager and staff were aware of how to access specialist advocacy services for people who were deaf or hard of hearing. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

We noted that that care records were held securely; this helped to maintain the confidentiality of people who used the service.

Is the service responsive?

Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People who used the service told us staff were always responsive to their needs. Comments people made to us included, "I can ask any of them [staff] to come and help me if I need anything" and "I talk to staff about things I need and they will always help me."

Records we reviewed showed community based professionals had provided positive feedback on the service. One person had written, "Staff are honest, open and person centred. They are very professional and will liaise with professionals with any concerns with the client at the forefront of conversations."

We saw that each person supported by the service had a set of person-centred care plans which were underpinned by a series of risk assessments. Care records included information about each person's social and family history, their strengths, how they wanted to be supported, what was important to them and the activities they enjoyed. All care plans had been regularly reviewed and updated where necessary to ensure they were an accurate reflection of people's needs.

Arrangements were in place to involve people who used the service in regular reviews of the support they received. We noted people were asked to make decisions about who they wanted included in the review and whether they wanted their support plans to be shared with other people. This showed that the service was respectful of people's wishes. We saw that during the support plan reviews staff used a '4 plus 1' tool with people. This tool was used to help people recognise what they had achieved and what steps needed to be taken to help them reach their stated goals. We saw photographic evidence of people being involved in reviewing their care plans to help ensure they were fully reflective of their needs and interests. We also saw that staff had acted upon people's wishes to personalise the care files which they kept in their home with photographs or decorations which were reflective of their interests.

Staff told us how the support they provided to people was based around each individual's preferred routines and the activities they liked. We saw that people were encouraged to participate in activities both in the sheltered accommodation complex and in the local community to help promote a sense of well-being and reduce social isolation. People were also supported to maintain relationships with family and friends. We saw photographs which recorded how staff had supported a person to achieve their goal of meeting with family in another area of the country.

Due to the nature of the service, a high profile was given to the ways people communicated. The provider had an accessible information policy covering the requirements of the Accessible Information Standard (AIS); the AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to comply with this standard.

In line with the Accessible Information Standard, the provider had ensured that policies relevant to people who used the service had been produced in a range of formats including Easy Read, pictorial and BSL. People's care records included details about their preferred methods of communication, for example whether this was pictorial, written, Easy Read, or BSL for a particular set of circumstances or events; this should help to ensure people had equal access to information. Care records also informed staff about the way they should present information to an individual to help them reach decisions. This demonstrated the service was committed to ensuring staff were responsive to people's diverse needs and communication methods.

We reviewed how the service used technology to enhance the delivery of effective care and support. The service had internet access; this enhanced communication and provided access to relevant information, for example, sending and receiving e-mail messages and accessing the provider's policies, procedures and internet site. We were told that the provider's web pages were compatible with assistive devices such as screen readers; this helped to ensure all people could have equal access to the information provided. The registered manager told us how they were also encouraging people who used the service to use technology such as tablet computers to help them maintain links with family and friends. One person told us how they were now aware that they could use a tablet computer to order shopping online which they thought they might try with staff support.

Because of their specific needs, people who used the service used a range of technology to help keep them safe in their property; this included flashing doorbells and pillows which vibrated to alert people in the event of a fire.

We saw that a focus for the organisation was the involvement of people who used services at all levels. The Involving People policy stated that it was expected that people who used the service would be involved in the design of new services, agreeing their individual support and care provision, supporting the training and development of staff, participation in staff recruitment and monitoring the quality of services.

We saw that people were central to reviewing the quality of the service they received through the completion of regular feedback questionnaires. We looked at the responses from these questionnaires and noted all the responses were very positive. Pictorial scales were used to help people engage in the process of communicating their satisfaction with the support they received.

The provider had a complaints' procedure in place that was included in the service user guide. The policy was also provided in Easy Read, BSL and pictorial formats. It told people how to complain, who to contact and what would happen. People said they knew about the complaints' procedure and told us they would tell staff or the registered manager if they were not happy, or if they needed to make a complaint. One person told us, "I am happy with everything here. I can tell the staff about anything that worries or concerns me."

We noted one formal complaint had been received since the last inspection. This had been investigated by the registered manager and a response provided.

We saw that there was a box provided in the communal lounge of the sheltered accommodation complex which people could use to provide feedback on the service. The registered manager told us this was rarely used as people generally approached staff if they had any concerns or complaints.

People's care records contained information about the care they wanted to receive at the end of their life and any funeral arrangements they had made. We saw that, when requested, staff had supported people to

make and pay for a funeral plan so that they could be sure their wishes would be known and respected at the end of their life.

Is the service well-led?

Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

A new registered manager had been appointed since the last inspection; they had previously been the deputy manager for the service.

People who used the service provided positive feedback about the registered manager. Comments people made included, "[Name of registered manager] is lovely. She always teases me but she does it to encourage me" and "I love [name of registered manager]."

Staff told us they enjoyed working in the service and considered the registered manager was supportive, approachable and always looking to improve the quality of care people received. We saw that staff had been encouraged to provide examples of how they were meeting the key lines of enquiry (KLOES) which CQC reviews during our inspections. The registered manager told us they would further consider how they could drive the service forward and evidence that they were providing outstanding care to people.

The staff we spoke with told us that staff meetings took place regularly and they could make suggestions and raise concerns. We reviewed some recent meeting notes and found that issues discussed included audits, changes in data protection regulations as well as expectations of staff. We saw evidence that staff were encouraged to raise any issues.

There were daily task lists on display at the satellite office at the sheltered accommodation complex; these highlighted the specific roles, duties and responsibilities of the team members on duty. There were on-call management arrangements. This meant a member of staff was always available for support, direction and advice. The registered manager was supported by an area manager and there were regular meetings with managers from other services in the organisation to help share best practice and ideas for innovation.

It was clear from our discussions with staff that they understood the values of the organisation and felt proud to work for it. One staff member told us, "The values are the three Ps (People, Passion, Partnership). They impact on us every day but you do it without thinking. We are always professional when we are out as we are representing the organisation."

There were a number of quality assurance systems in place, including audits, spot checks and satisfaction surveys. The results of these processes were used to improve the quality and safety of the service. It was clear from the Provider Information Return (PIR) that the registered manager was committed to driving forward improvements in the service.

Records showed that the service worked in partnership with a variety of other agencies to ensure that people received the support they needed. These included district nurses, GPs and the organisation responsible for the housing provision at the sheltered accommodation complex.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted the service's CQC rating and the previous inspection report were on display at the registered office. The rating was also displayed on the provider's website; this was to inform people of the outcome of the last inspection.