

The Royal National Institute for Deaf People

RNID Action on Hearing Loss 60 Olive Lane

Inspection report

Olive Lane
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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

Our inspection was unannounced and took place on 18 April 2017 and was unannounced.

At our last inspection in November 2015 the service was rated overall as good but required improvement in one of the questions we ask, Is the service safe? This was because although overall medicines were managed adequately some additional safeguards were needed to enhance safety and ensure people's health and wellbeing. Staffing levels also required a review to ensure that people would be supported appropriately and safely. During this, our most recent inspection, we found that these areas had been improved upon.

The provider is registered to accommodate and deliver personal care to eight people. Eight people lived at the home at the time of our inspection. People lived with a profound hearing impairment and/or had 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, to allow care and support to be provided flexibly and to meet all people's needs. Medicine systems demonstrated safety and confirmed that people had been given their medicines as they had been prescribed. Staff knew the procedures they should follow to ensure the risk of harm and/or abuse was reduced. Recruitment processes ensured that unsuitable staff were not employed.

Staff had received the training they required to give them the knowledge they needed to support people safely. Staff knew that people must receive care in line with their best interests and not be unlawfully restricted. People were encouraged to make decisions about their care. The staff supported people appropriately with their nutritional needs. Meal options were offered to ensure that people's food and drink preferences were catered for. Input from external healthcare professionals was secured to meet people's healthcare needs.

The provider ensured a homely friendly atmosphere within the service. People were supported by staff who were kind and caring. People were treated with dignity and respect. People were encouraged to make decisions about their care and support and their independence was promoted. People could receive their visitors at any time.

Systems were in place for people and their relatives to raise their concerns or complaints if they had a need to. People could attend religious services of their choice if they wished to. People accessed a range of leisure activities on a regular basis.

People, relatives and staff felt that the quality of service was good. The registered manager had been in post for 15 years and that promoted consistency of management. 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?

Good ●

The service was safe.

Staff were available to keep people safe and 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.

Is the service effective?

Good ●

The service was effective.

People and their relatives were assured that the service was effective and met people's needs safely and in their preferred way.

People and their relatives felt that staff had received the training they required and had the knowledge and skills to provide appropriate support.

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

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

People were supported to engage in leisure pastimes that they enjoyed.

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. A registered manager was in post who was supported by a deputy manager. Staff were supported and guided by the management team.

People and their relatives knew who the registered manager was and felt the registered manager made themselves available and was approachable.

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 18 April 2017. The inspection was carried out by one inspector. 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 share their experiences of living at the home with us.

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 seven people, three care staff, the deputy manager, the registered manager and two relatives. We looked at the care files for two people, medicine records for two people, recruitment records for two 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.

Is the service safe?

Our findings

At our previous inspection we identified that staffing levels did not always meet people's needs. This, our most recent inspection, highlighted that staffing levels had been reviewed and increased at times when this was required. A person said, "I think there are enough staff". Another person shared with us, "There are always staff around. I don't need much help though". Other people told us that they felt that there were enough staff to meet their needs. Staff told us that the staffing levels had improved and that this had a positive impact as it meant that people could go out more regularly. As with our previous inspection 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.

A person shared with us, "I feel safe here. I do not fall and no-one can get in". Other people we spoke with also told us that they felt safe living at the home. A relative said, "I have no worry about their [person's name] safety at all". We identified some small areas of exposed hot water pipes that could be a potential burn risk. The registered manager told us that they would assess all of the premises and address this issue to remove the risk of burns.

We saw that 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. Records confirmed that where people were at risk of falls they had been referred to external health professionals for assessment and equipment to decrease any risks.

A person shared with us, "No abuse I have not experienced anything". A relative told us, "No abuse there". 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, "If I had any concerns regarding abuse I would report to the manager". There had been three incidents of concern since our last inspection. These had been reported to the local authority safeguarding team and to us as is required to help keep people safe.

We saw that processes were in place to ensure that people's money was kept safely. As with our previous inspection 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. These processes would prevent people from experiencing financial abuse.

The Provider Information Return [PIR] highlighted, "We have safe recruitment practices". As with our previous inspection 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 two 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.

A person shared with us, "The staff look after my tablets and that is alright with me". Another person said, "I am given my tablets every day at the right time". We looked at two people's Medicine Administration Records (MAR) and saw that they had been completed to confirm that they had been given their tablets as they had been prescribed. We counted the two people's tablets and found that the correct number was available to what was highlighted on their MAR.

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.

At our previous inspection we found that some changes were needed to increase medicine safety particularly those prescribed 'as required'. At this, our most recent inspection, we found that the issues had been addressed. We found that some MAR highlighted that people were still prescribed medicines on an 'as required' basis. The registered manager told us and records confirmed that all 'as required' medicines had been reviewed by the doctor since our previous inspection to ensure that they were prescribed correctly and were still needed. 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.

We found that 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 found that medicines were stored safely in locked cupboards. However, we found that one person's oral medicines and their creams were stored in the same box. This does not comply with medicine guidance. The registered manager told us that they would rectify this.

Is the service effective?

Our findings

As with our previous inspection people, relatives and the staff we spoke with felt that the service provided was effective. A person said, "I have been here a long time and it has always been good". A relative described the service as, "Wonderful" and said, "I am so glad that they [person's name] have such a good place to live in". A staff member shared with us, "The service is good. I would say that it is better in most ways than other places that I have worked in terms of people's care and support".

A staff member said, "I had a good induction when I started here. It was good". Other staff also told us that they had induction training when they started to work at the home that included, working with established staff who knew the people who lived there. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. As with our previous inspection 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 nationally recognised induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A person shared with us, "The staff look after me well". Another person said, "The staff look after me nicely". A relative said, "The staff excellent they know how to manage [person's name] well and they [person's name] can be awkward". Staff told us that they had received training to undertake their work and that the training was good. A person said, "I can communicate with staff and them with me". Throughout the day we saw that all of the staff were skilled in communicating with people using British Sign Language [BSL]. Staff told us and records confirmed that they had received different levels of BSL training to enable them to communicate with people effectively.

A staff member told us, "I think all staff here are supported. There is always a manager here or on call". Other staff we spoke with confirmed that they received supervision sessions. Records that we looked at confirmed this. Supervision sessions are used to evaluate staff members work and performance and gives the staff the opportunity to raise issues relating to their support or training needs.

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).

As with our previous inspection 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. We saw that MCA 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. 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 staff always ask before they do anything like giving me my tablets". We observed that staff sought people's consent before they provided support. This was at mealtimes, when people required support to move from one place to another, and we heard staff ask people if they wanted to go out into the community rather than telling they should do. We saw that staff waited for a response from people before they provided support.

A person told us, "I don't always like what is on the menu but I can have other things instead". Another person said, "I'm having a 'fry up' this evening. I love that". 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. We saw that food stocks were adequate and that fresh fruit and vegetables were available. We saw that people were offered and encouraged to have plenty of drinks during the day.

We saw that care plans highlighted information that ensured that people were supported effectively and safely. We identified 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 were weighed regularly to monitor their nutritional state.

A person shared with us, "I have hospital appointments". Other people told us that they had their eyes tested and had dental checks. A relative said, "If they [person's name] were unwell staff contact the doctor. If they [person's name] have a health appointment the staff go with them and feedback to me". Records we looked at highlighted that staff worked effectively with external healthcare professionals to access input to meet people's healthcare needs. This included GP's, specialist health care teams, local mental health teams and SALT. The Provider Information Return [PIR] highlighted, "For any hospital admission we ensure the hospital has as much information as possible about the person in the form of their hospital passport including how best to communicate. We also make sure the contents of the passport are passed on verbally to the nurses in charge". We saw that hospital passports were available on each person's care file and contained up-to-date information including how people could communicate. This would help hospital staff to care for people effectively and in their preferred way.

Is the service caring?

Our findings

A person shared with us, "The staff are lovely". Another person said "The staff are kind. They talk to me". A relative said, "The staff are amazing. Very kind". A staff member told us, "I think we [the staff] are kind and supportive". We saw that staff were kind and showed people compassion. We saw staff greeting people and smiling. We found that staff took an interest in people and asked them how they were.

A relative shared with us, "It is a nice home". A person said, "The people here are my friends". As with our previous inspection we found that the atmosphere was warm and friendly. We saw that people had made friends with others and saw that they gave each other support by giving them advice and guidance from their own experiences. Two people gave their consent for us to speak with them in their bedrooms. We saw that they had their own personal possessions in their bedrooms including photographs, pictures books and a television. This made their bedrooms feel homely and personalised. Two 'house pet' cats lived at the home and we saw people stroking the cats and smiling.

A person said, "I have meetings to talk about me and make decisions. I like things my way". Another person told us, "I am involved in my planning I can choose my life. I am happy with it". The Provider Information Return [PIR] highlighted, "Staff are trained in person centred thinking equipping them to apply the principles of this approach to ensure each person is at the centre of their support. Staff use person centred thinking tools such as a one page profile to inform their person centred support plan". We saw that 'one page profiles' were available that included a quick overview of for example, people's needs, preferences and interests.

People told us that staff were polite and respectful. We saw from records that staff had asked each person the name they preferred to be addressed by and used that name when speaking with or referring to each person. A relative shared with us, "The staff are always polite and friendly". People told us that they liked having their own personal space. A person said, "It is my space and I like having peace in there and do". A person showed us the key to their bedroom door and said that they could lock their bedroom door to keep their possessions safe. We saw that staff pressed the doorbell which flashes a beacon inside the person's room before entering the bedroom. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of closing curtains and doors when they delivered personal care.

A person told us, "I clean and tidy my bedroom". Another person shared, "I do my laundry". As with our previous inspection other people also told us that staff encouraged them to develop and maintain their daily living skills. We heard staff encouraging and supporting people to prepare their breakfast and to do small tasks for themselves.

A person shared with us, "I don't need any help with dressing. I wear what I want to. I love shopping and am always buying new clothes it is my favourite thing". Another person told us, "I pick my own clothes every day. I go and buy my clothes". They showed us a new pair of jeans that they had purchased and were pleased with. A relative said, "They [person's name] is supported to look nice". We saw that people wore clothing

that was appropriate for the weather and wore jewellery that reflected their identity.

A person shared with us, "I get up and go to bed when I want to". Another person told us, "I go out when I want to". As with our previous inspection staff told us what people's preferred daily routines were and we saw that these were documented in people's care plans for staff to follow.

Information was on display that gave contact details for advocacy services in case people wished to access this service. The registered manager told us that people had access for the input of an advocate if they requested this or it was felt it was in a person's best interests to help them make decisions. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

A person shared with us, "I see my family and enjoy that". A relative told us, "I visit when I want to. The staff all make me feel 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 confirmed that visiting times were open and flexible.

Is the service responsive?

Our findings

A person shared with us, "I came and looked around here. I liked it and my room". Another person told us, "I answered questions about me and my health". As with our previous inspection the registered manager confirmed that people were invited to spend time at the home before they moved in to help them decide if they liked the place and if it would be suitable for them. We saw records to confirm that an assessment of need was carried out for each person and information from their funding authority had been obtained so that the staff would know about people's needs, preferences and risks.

A person said, "I have reviews about my support and go to the meetings". A relative shared with us, "Meetings are arranged to review their [person's name] needs. I am invited and involved". People told us that staff knew them and their needs well. We looked at two people's care plans and asked staff about the people's needs and risks. Staff gave us a good account of those that confirmed that staff knew of people's needs, preferences and risks.

A person told us that they had attended a church in Birmingham that catered for people who had limited or no hearing. As with our previous inspection we identified that 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.

A person shared with us, "My favourite thing is shopping. I love going shopping and go all of the time". Another person told us that they went out on a trip to Stourport the week before with staff and had a, "Lovely time". They proudly showed us their photographs taken during their trip. Other people told us that they accessed the community regularly during the day and also to evening social events that included going to the cinema and bowling. One person went into the community regularly independently and another person had been introduced to a woodwork course. People told us that they liked to read, listen to music and watch their television as relaxation.

A person shared with us, "I filled out a form". A relative said, "I am happy with everything. I am asked what I think about the service provided". We saw provider feedback forms on care files that had been completed by people and their relatives. As with our previous inspection we found that the overall feedback was positive, comments included, "I am happy here", and, "I like my bedroom". This confirmed that people were happy with the service provided.

A person told us, "I would let the manager know if I was not happy about something". A relative said, "I would be happy to tell the staff or the manager if I had a complaint. I am very happy with everything though". The registered manager told us that they had been told about an issue and that they had dealt with that through the complaints procedure. They said, "I wanted to make sure that people know that we deal with all issues seriously". We saw that a complaints procedure was in place and that an easy read version was also available. An easy read complaints procedure is produced in different formats for example large print, or with some text represented by pictures or symbols to ensure that it is easier to read.

Is the service well-led?

Our findings

A person shared with us, "I think it is a good service". A relative said, "It is a remarkable service. Very well managed". Staff we spoke with told us that the service was well-led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager. The registered manager had been in post for 15 years that ensured a consistency of leadership. A person said, "I know the manager. She is nice. I can go and talk to her". A relative told us, "I know that [manager's name] is the manager. She is very approachable". As with our previous inspection we saw that 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. We observed that the registered manager sat with people in the dining room whilst they ate their lunch. People looked very relaxed confirming that they were familiar with the registered manager. Our discussions with the registered and deputy manager confirmed that they knew all of the people who lived there well.

A person told us, "The manager is very good". A relative shared with us, "The staff do a good job. They are managed well". Staff told us that they had regular meetings to discuss the services and any changes being implemented. Records that we looked at confirmed that staff meetings were held regularly.

We requested that the Provider completed a 'Provider Information Return' [PIR]. The PIR is a form that requests a range of data and gives the provider the opportunity to tell us how they meet regulations, what they do well and improvements that they intend to make. The PIR was completed and returned to us within the timescale we gave. The PIR generally reflected our inspection observations.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The provider had notified us of the events they were required to. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the premises. This showed that the provider was meeting those legal requirements.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The registered manager was open and honest in their approach to our inspection by telling us where improvements were needed. Where issues had arisen people's families had been informed.

A staff member said, "Checks are carried out regularly". As with our previous inspection 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. Documentary and online evidence was available to show that regular audits and checks had been undertaken by the registered manager and/or provider. Through audit the registered manager had identified that some refurbishment work was required. They showed us the

bathroom that had recently been refurbished and a new specialist bath that had been purchased. This would make the bathing process more pleasant for the people who lived there. The PIR highlighted that the service had achieved an externally recognised quality award. We saw a certificate to confirm this.

Staff told us what they would do if they were worried by anything or witnessed bad practice. A staff member said, "I would report any concerns that I had straight away". 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. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.