

The Royal National Institute for Deaf People

RNID Action on Hearing Loss 60 Olive Lane

Inspection report

Olive Lane
Halesowen
West Midlands
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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

About the service

RNID Action on Hearing Loss 60 Olive Lane is a care home providing accommodation and personal care for up to eight people. At the time of the inspection seven people were living in the home. People lived with a profound hearing impairment and other needs. These included needs relating to old age, poor mobility, dementia, learning disabilities or autistic spectrum disorder and mental health conditions.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives.

People's experience of using this service and what we found

People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely. Care plan and risk assessments were up to date and reviewed regularly. People received their medicines as prescribed.

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

People were treated with kindness and compassion. People felt well supported. People were listened to. People's privacy and dignity was maintained.

People's communication needs were met. People were supported to take part in activities they enjoyed. People's personal preferences were identified in their care plans. People were supported to maintain relationships.

Systems were effective for monitoring the quality and safety of the services provided. There was good involvement with community professionals. People and relatives were involved in decisions about their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

RNID Action on Hearing Loss 60 Olive Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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.

Service and service type

RNID Action on Hearing Loss 60 Olive Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Two relatives contacted us after the inspection to provide feedback about their loved one's care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and staff supported people to stay safe in the home. One relative said, "We have never had any concerns about [person's] care or safety at Olive Lane."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "If I had any concerns I could speak to my manager or I could speak to CQC."

Assessing risk, safety monitoring and management

- The home had safety systems installed to alert people if there was a fire. This included colour coded lights and vibrating mattresses. One person showed us the red light and told us if they saw this flash they would evacuate. Emergency plans were in place for people and accessible to staff. They outlined the support people would need to evacuate the building in an emergency.
- Care plans and risk assessments were up to date and contained information about people's current support needs and what was in place to keep them safe. Staff had a good understanding of people's needs and associated risks.
- Regular maintenance of equipment was evident including fire extinguishers, hoists and electrical items. This ensured equipment in the home was safe for use.
- Incidents and accidents were analysed each month and patterns and trends were identified to ensure people were safe and any future risk was reduced.

Staffing and recruitment

- The registered manager told us, in the information they provided before the inspection (PIR), they monitored staff levels to ensure there were enough staff on duty. We observed plenty of staff on the day of inspection and staff and people had no concerns over staffing levels.
- Staff had been recruited safely. All pre-employment checks had been carried out to ensure staff were suitable for the role.

Using medicines safely

- People told us staff supported them to take their medicines in a way that suited them. One person said, "Staff help me with my medicines, they ask me each time [if I want to take it] and always get me a drink of water."
- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.
- Staff told us they were trained in medicines management and regular competency checks were carried out to ensure safe practice.

Preventing and controlling infection

- Staff had received training in infection control and we observed staff using personal protective equipment such as aprons and gloves. This prevented infections from spreading. People's rooms and communal areas of the home were clean and smelt fresh.

Learning lessons when things go wrong

- The registered manager discussed how lessons had been learned in relation to previous incidents that had occurred in the service. The registered manager had identified an increase in medicine errors. As a result, they had purchased individual medicines cabinets for people's rooms and staff were required to wear a jacket to identify when they were in the process of administering medicines to people. We observed staff following this practice. The manager showed us, since this had been put in place, there had been a decrease in medicine errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a good knowledge and understanding of the principles of the MCA and was in the process of updating capacity assessments and best interest decisions for people.
- Staff were trained in MCA and DoLS and supported people to have maximum choice and control of their lives.
- Staff were observed to involve people in choices, for example, what they ate, what activities they did and whether they spent time in the communal areas of their bedrooms.

Staff support: induction, training, skills and experience

- People were supported by competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff could tell us what training they had received and told us they received training that was specific for the people they supported.
- Staff understood their responsibilities and what was expected of them. They told us they received supervision which enabled them to receive feedback and the opportunity for development.
- Staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to have healthy balanced diets and there was information in the home about how to maintain a healthy balanced diet. People told us they choose what they ate and drank, and we observed staff offering people choice in relation to food and drinks.
- Menus and food options were available in picture format, as well as written format so people were able to make decisions about what they ate.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us, in the PIR, they worked with outside agencies to ensure people had access to a variety of services. We saw referrals were made to local community teams such as behaviour support and speech and language. Follow up actions were recorded in people's care plans. This showed staff were aware of people's changing needs.

Adapting service, design, decoration to meet people's needs

- The home had been designed to meet the needs of the people who lived there. Everyone living in the home had a hearing impairment, so a colour coded light system had been installed, this included a colour coded light to show that someone was at the front door and had rung the bell.
- People's bedrooms were personalised with their own items to reflect their own personal choices. People told us they had chosen flooring, furniture and paint colours.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to manage their health needs and supported them to access the necessary healthcare services. This ensured people's day to day health and wellbeing needs were met.
- People told us they were able to choose to see the dentist, and people told us they did this on a regular basis. Some people had not seen the dentist but told us this was their choice. Staff understood what support people required to maintain their oral health. There were oral health care assessments in place for people to give guidance to staff on how to support people with good oral health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion, one person told us, "I like the staff, they are kind."
- Relatives felt their loved ones were cared for and supported. Comments included, "Every aspect of [person's] health and wellbeing is looked after, and the staff are professional and wonderful" and, "We find them [staff] totally dedicated to giving individual tailored support to the residents."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Supporting people to express their views and be involved in making decisions about their care

- People felt well supported and listened to. One person said, "They [staff] listen when I explain things and when I choose something, they accept that."
- People told us they were able to express their views and make decisions. Records showed people were involved in their care planning.
- People were encouraged to make day to day decisions, for example, what they ate, what they wore and what they did. This demonstrated staff delivered individualised care.

Respecting and promoting people's privacy, dignity and independence

- We observed everyone had a doorbell outside their bedroom. When pressed, this activated a light inside their rooms to alert them staff were there. We observed staff using this and waiting for people to answer their doors. One person said, "I've got a doorbell, it's good and staff use it." This showed staff respected people's privacy.
- Staff supported people to maintain their independence. One person told us they did their own washing and cleaning. A relative told us, "[Person] is limited in what they can do, but the staff will get them to do things like put the cake mix in the bowl and stir it. Staff did some gardening and they involved [person] in that."
- Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely, and their confidentiality respected.
- Relatives and friends could visit the service as and when people wanted them too. A person told us they could contact their loved ones whenever they wanted too. A relative said, "We visit regularly and have a really good relationship with Management and Staff."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they had choice and control over their day to day lives and were happy living in the home. Comments included, "I went to the speedway with [staff]. The staff will sit and talk to you [about what you want]" and, "It's really good living here."
- People's care plans detailed information about how they liked to be supported. They included people's likes and dislikes and things they thought other people admired about them such as 'a good sense of humour'. This showed care plans were individualised and tailored to each person.
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us they were able to effectively communicate with staff. One person said, "They [staff] understand my signing."
- We observed all of the staff were skilled in communicating with people using British Sign Language [BSL]. Staff told us they had received different levels of BSL training to enable them to communicate with people effectively.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available to people in different formats including pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were relevant to them. One person told us, "I go to the club on a Wednesday, I like to have a pint or two."
- People were supported to maintain relationships with families and develop friendships with each other where appropriate. We observed people interacting with each other in a positive way and choosing to socialise together.
- The registered manager organised group social activities within the home that people could choose to participate in. One person told us, "We had a Halloween party, it was really good. We are having fireworks

tonight."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, this was available in an easy read format. People told us they knew how to complain, and staff could tell us the signs to look out for to identify if people were happy or not.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People's end of life wishes, and preferences were recorded in their care plans, this enabled staff to have up to date information to ensure peoples end of life care was delivered in a way they wanted.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were involved in decisions about their care. A person said, "I am involved in meetings [about my care]." A relative told us, "We have annual reviews. I feel like I am listened too."
- People and their relatives were given the opportunity to provide feedback about their care. We saw group meetings and 1-1 meeting for people had taken place. Comments from relatives included, 'what a fantastic job you do' and 'thank you for your continued care'.
- Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs so staff knew what peoples support preferences were.
- The registered manager and staff encouraged community involvement and supported people to maintain friendships and relationships. One person told us, "I am friends with [person's name] at deaf club. It's very nice there and I go every week."
- Staff had a good understanding of whistleblowing. They said they would feel confident to raise concerns and knew how to access policies relating to this.
- Interpreters were made available for meetings for people and staff. This meant information could be communicated to people and staff in a way that they understood.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us in the PIR, audits were completed on a wide range of areas including health and safety, the environment, care plans and medicines. Records confirmed these had taken place. Information gathered from audits was used to develop the service.
- Staff understood what was expected of them and had a good understanding of whistleblowing. They told us they received supervision and appraisal. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in decisions made about their care.

- Staff felt well supported and staff and relatives expressed confidence in the manager. A relative told us, "There is lots of communication with [registered manager] and [deputy], they always have time for you. You never feel that what you are asking is too much."
- The deputy manager told us the team had recently won a company award that recognised their achievements and team work. They told us, "The team are good and work hard. It always feels nice when we are here [at work]." This demonstrated a positive culture amongst the staff team.

Continuous learning and improving care; Working in partnership with others

- Staff communicated with the GP, dentist, psychologists and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- The registered manger told us they were always looking at ways to develop the home and continuously improve. For example, the registered manager told us recently the provider had been in talks with the people who owned the building to look at some potential opportunities to build ensuite facilities as this would benefit the people who lived in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.