

The Royal National Institute for Deaf People RNID-Action on Hearing Loss, West Midlands Domiciliary Care Service

Inspection report

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Date of inspection visit:
18 June 2019

Date of publication:
10 July 2019

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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:

The provider is registered with us to provide personal care and support for people who live in their own homes. At the time of our inspection one person received care and support from this service.

People's experience of using this service:

People continued to receive safe care. Individual risks were considered and reviewed. There were enough staff available to offer support to people, so they could receive their assessed hours. There were safeguarding procedures in place and staff demonstrated an understanding in this. Infection control procedures were in place and followed. There were systems in place to ensure lessons were learnt when things went wrong.

The care people received was effective. People were supported to have maximum choice and control of their lives. Staff received training that helped them to support people. When needed people received support from health professionals.

People continued to be supported in a caring way by staff they were happy with. People's privacy and dignity was promoted, and people continued to be offered choices. People were encouraged to be independent.

People continued to receive responsive care. Staff knew people well and received care in their preferred way. Complaint procedures were in place and followed when needed. People participated in activities they enjoyed.

The service remained well led. Quality assurance systems were in place to identify where improvements could be made and when needed these changes were made. The provider notified us of significant events that occurred within the home. Feedback was sought from people who used the service.

More information is in the full report.

Rating at last inspection:

The last rating for this service was Good (Published 24 October 2016.)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

RNID-Action on Hearing Loss, West Midlands Domiciliary Care Service

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection visit took place on 18 June 2019. The inspection visit was carried out by one inspector and an interpreter.

Service and service type:

The provider is registered with us to provide personal care and support for people who live in their own homes who are living with a hearing impairment. At the time of our inspection one person received care and support from this service.

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 announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We checked the information, we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. 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 used all this information to formulate our inspection plan.

During the inspection

We spoke with four people who used the service, some who did not receive a regulated activity. We looked at care records for the one person was receiving a regulated activity. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to understand safeguarding procedures and had received training in this area.
- Procedures were in place to ensure any concerns about people's safety were reported appropriately.

Assessing risk, safety monitoring and management

- People continued to feel safe.
- We saw when people needed support to keep them safe there was guidance and risk assessments in place for staff to follow, these were reviewed and updated when needed.
- When incidents had occurred within people's homes these had been recorded and considered and records reviewed to reflect people's changing needs.

Staffing and recruitment

- There were enough staff available to meet people's needs. One person said, "They always arrive when they should, they are all very good."
- We saw staff were available to offer support to people and deliver people's assessed care hours.
- We looked at two staff recruitment files and saw pre-employment checks were completed before staff could start working in people's homes.

Using medicines safely

- At the time of our inspection no one at the service received support with their medicines.
- Staff received training to administer medicines should people require it.

Preventing and controlling infection

- Systems were in place to ensure infection control procedures were followed within people's homes. The registered manager told us staff used protective personal equipment including aprons and gloves when they were supporting people.

Learning lessons when things go wrong

- We saw there were systems in place to ensure learning could be considered when things went wrong. The registered manager had completed role plays with people on different situations that had occurred. For

example, how to stay safe in their homes. They had identified areas of learning, this had been shared with people using the service.

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 stayed the same.

Good: 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was no one currently using the service who lacked capacity to make decisions for themselves.
- The registered manager was able to demonstrate to us action they would take should this occur in the future.

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

- People's needs, and choices were met in line with national guidance and best practice.
- People's care files contained detailed information to support specific health conditions and any individual requirements they had. For example, we saw guidance in place from the speech and language team about supporting people with learning disabilities.

Staff support: induction, training, skills and experience

- Staff received training that helped them to support people. We saw staff training was up to date.
- Staff received an induction and there was an induction procedure in place that staff worked through, including training and reading policies. Staff also had the opportunity to shadow more experienced staff members.
- The registered manager had implemented the care certificate. The Care Certificate has been introduced

nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.

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

- People cooked independently however staff were aware of the levels of support people may need.
- A staff member had developed information sessions for people using the service, so they could consider healthier options.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- People attended health appointments and when referrals were needed to health professionals these were made in a timely manner.
- Records confirmed that when needed people had been seen by the GP, social workers, and community psychiatric nurses.

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.

Good: 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;

- People were happy with the staff that supported them and felt they were kind and caring toward them. One person told us, "The staff are all fabulous."

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

- People were encouraged to make choices about their day including what clothes to wear and if they would like a bath or a shower. The care plan we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. As people lived independently in their own homes, staff ensured they knocked people's front door before entering.
- Records we looked at considered how people's privacy and dignity could be upheld.
- People were encouraged to be independent. and staff gave examples of how they encouraged people to remain independent. For example, staff offered minimal assistance to people and often prompted people with their care. Records we saw was reflective of this

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.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew about people's needs and preferences and this was reflected in the records we reviewed. One person told us, "They staff are very good. They know what they are doing".
- New information was shared with staff by the registered manager and a communication book was also in place to aid this.
- We saw people's cultural and religious needs had been considered as part of the assessment process. At this inspection no one was being supported with any specific needs in relation to this.
- People participated in activities they enjoyed. This included going to cinema and the local shops.

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 had care plans in place to ensure staff had information available to staff about how they communicated. When people used different formats to communicate this was available for them. For example, all documentation was available for people in a visual format.

Improving care quality in response to complaints or concerns

- The provider had a policy and a system in place to manage complaints. This was also available for people in a visual format to support their understanding. We saw when complaints had been made these had been investigated and responded to in line with the policy.
- People we spoke with told us they knew how to complain. When people had made complaints, they were happy with the outcome.

End of life care and support

- No one was being supported with end of life care. People had end of life plans in place which considered their preferences and wishes.

Meeting people's communication needs

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

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality checks were completed within the service. These included audits on care plans and infection control. Where concerns with quality had been identified we saw an action plan had been put in place and improvements made.

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

- The provider sought the opinions from people who used the service. Satisfaction surveys were completed.
- Where areas of improvements had been identified the provider demonstrated how they had used this information and how they had made changes to the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People spoke positively about the management team and the support they received. One person said, "I can go down to the office if I need help with anything. At night I can contact someone if needed."
- The management were available and visible for people using the service.

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

- Staff felt they were listened to by the management team. Staff had the opportunity to attend team meetings and received regular supervisions. Staff we spoke with were happy to raise concerns.
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- The registered manager ensured we received notifications about important events so we could check appropriate action had been taken.

Working in partnership with others

- There were good links with local health and social care professionals. The registered manager was working on an initiative with the local hospital.