

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Fosse Bank House

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 6 and 7 December 2017. We had previously carried out an inspection in May 2015 at which the service was rated Good. Since the last inspection, two additional flats had been built on the site, both of which were fully wheelchair accessible.

RNID Action on Hearing Loss Fosse Bank House (referred to as Fosse Bank House throughout the report) 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.

Fosse Bank House provides personal care and accommodation for up to eight people aged between 18-65 who are deaf or have significant hearing loss and additional support needs. Accommodation is provided in individual self-contained flats with on-site staff support. Communal areas are also available to promote socialisation. At the time of our inspection there were seven people using the service.

The provider had a registered manager in place. 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.

We found the service was extremely responsive to people's needs. The registered manager was creative in the approaches they used to ensure people were involved in decisions about their placement at Fosse Bank House. They had also taken immediate action, outside of normal working hours, to ensure a person admitted to the home had the necessary equipment in place so that staff were able to provide them with safe care which protected their dignity.

Staff were aware of equality and diversity issues in relation to the people they supported. Action was taken to help ensure people did not experience barriers when accessing the community. People were supported to access a range of activities; these activities provided people with opportunities to develop their skills, as well as promoting their well-being, independence and social inclusion. People told us staff supported them to maintain contact with their friends and family. The provider gave each individual funding to help ensure they were able to take holidays or excursions in the UK or abroad; this helped to prevent social isolation and enabled people to experience different cultures.

People were supported by staff who were caring and compassionate. Staff had a good understanding of the communication needs of the people they supported. Staff used British Sign Language (BSL) to communicate with people and all information was produced in formats people were easily able to access, including Easy Read, pictorial, BSL and DVD.

People were treated with the utmost respect at all times. Staff protected their privacy, involved them in

decisions about their support needs and promoted their independence.

There were enough staff deployed to meet people's needs. People who used the service were involved in the recruitment and selection of staff; this helped to ensure only suitable staff were employed. Staff knew the correct action to take to protect people from the risk of abuse and avoidable harm. Staff supported people to receive their medicines safely. All the people we spoke with told us they felt safe in Fosse Bank House

Detailed risk assessments were in place in relation to each individual's care and health needs as well as any environmental risks; these helped to protect the health and welfare of people who used the service and staff. People were provided with a range of equipment to help ensure their safety and independence; these included flashing lights and doorbells as well as vibrating pillows to alert people to an emergency in the service.

People were cared for in a safe and clean environment. Staff had received appropriate training to manage the risk of cross infection in the home. They told us, if necessary, they would provide people with support to maintain the cleanliness of their own property.

Staff received the induction, training and supervision necessary to help them to deliver effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the principles of the Mental Capacity Act 2005 and appropriate arrangements were in place to help protect the rights of people who were unable to consent to their care in Fosse Bank House.

People were supported to have a healthy diet. Systems were in place to help ensure people's health and nutritional needs were met.

Staff had a good understanding of people's needs and goals. They demonstrated a commitment to providing high quality support which was personalised and tailored to the needs of each individual. We saw that people who used the service were involved in reviewing their support plans and making changes to these plans as their needs or interests changed.

Staff we spoke with told us they enjoyed working in the service and that the registered manager was supportive and approachable. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

Robust systems were in place to monitor the quality and safety of the service; these helped to ensure people received a good service that supported their health, welfare and well-being. The registered manager demonstrated a drive for continuous improvement in the service.

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.

People were cared for by sufficient numbers of staff who had been safely recruited. People who lived in the service were active participants in the recruitment process.

Staff knew the correct action to take to protect people from the risk of harm.

Risks had been appropriately assessed as part of the care planning process. People were provided with equipment to help ensure they would be alerted to any emergencies which occurred within the home.

Appropriate arrangements were in place to ensure the safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices. Appropriate arrangements were in place to ensure any restrictions in place were legally authorised.

People received the support they needed to help ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring.

Staff spoken with were able to show that they had a good understanding of the needs of people who used the service and

the way they communicated those needs.

Staff demonstrated a commitment to providing high quality care and to promoting people's independence and choice.

Is the service responsive?

Outstanding ☆

The service was very responsive.

The registered manager had been extremely responsive to help ensure a person newly admitted to the service had all the equipment they needed so that staff could care for them in a safe and dignified manner.

Creative methods had been used to help ensure a person referred to the service make all decisions about how they wished their accommodation to be decorated and furnished.

The provider had a strategy for involving people who used the service at all levels of the organisation. Feedback was regularly sought and acted upon from people who used the service.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place who demonstrated a commitment to providing a high quality, personalised service to people who lived in Fosse Bank House.

Staff told us they enjoyed working at Fosse Bank House and spoke positively about the leadership and management of the service.

The service was based on a set of values which were clearly understood and implemented by staff. Quality assurance systems in place were used to drive forward improvements in the service.

RNID Action on Hearing Loss Fosse Bank House

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.

This inspection took place on 6 and 7 December 2017. We gave the service 24 hours' notice of the inspection visit because the location is a small care home for younger adults who are often out during the day; we therefore needed to be sure that someone would be in to speak with us. The inspection team consisted of one adult social care inspector. They were supported by a British Sign Language (BSL) interpreter; this was to help ensure people who used the service were able to tell us about their experiences.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required by law to tell us about). We also contacted the Local Authority commissioning and safeguarding teams, the local Healthwatch organisation as well as community based professionals to gather their views about the service.

During the inspection we spoke with the registered manager, five people who used the service and two members of staff. We observed staff interaction with people in the communal areas of the service. With permission, we also looked at one of the newly built flats occupied by one person supported by the service.

We looked at the care records and medication administration record (MAR) charts for three people who used the service. In addition we looked at a range of records relating to how the service was managed; these

included two staff personnel files, staff training records, a sample of policies and procedures, meeting minutes as well as records relating to the monitoring of the service provision.

Is the service safe?

Our findings

All the people spoken with who used the service told us they felt safe with the staff that supported them. Comments made to us by people who used the service included, "I like it here" and "I feel safe here; I love it."

Staff had policies and procedures to refer to in relation to safeguarding adults and 'whistle blowing' (reporting poor practice). We saw that easy read and BSL versions of the safeguarding adults policy were displayed on the notice board in the communal areas of the home. A BSL DVD was also available for people to watch. These measures should help to ensure people who lived in the home were aware of the action they could take if they felt unsafe.

Staff told us they had received training in safeguarding adults and the records we looked at confirmed this. The staff spoken with understood how to protect people from abuse. They told us they would not hesitate to report any concerns to the registered manager and were confident appropriate action would be taken.

Staff were provided with equality and diversity training. Equality is about ensuring individuals or groups of individuals are not treated differently or less favourably, on the basis of their specific protected characteristics and diversity aims to recognise, respect and value people's differences. Staff also had access to an appropriate policy and procedure covering equality and diversity.

We looked at how the service managed risk. From the care records we reviewed we saw that people's support plans included information about what staff should do to help them to stay safe. Risk assessments had been completed in relation to people's diverse needs and abilities such as the support individuals needed when accessing the community, managing their money or taking prescribed medicines; these assessments detailed the potential benefits individuals would gain from taking risks, as well as any control measures which needed to be put in place. Risk assessments had been regularly reviewed and updated when people's need changed.

Environmental risk assessments were in place and there were procedures to be followed in the event of emergencies. All people who used the service were provided with equipment such as flashing lights and vibrating pillows to alert them to the fact that there was an emergency at the service. Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed the support they would require to evacuate the building safely. We saw that the PEEP for each person was reviewed and updated if necessary as part of the evaluation of each fire evacuation drill which took place regularly in the service. This helped to ensure staff would be aware of any particular risks a person might present during any evacuation of the home.

Records we looked at showed regular checks were undertaken of the equipment and services in the individual properties people occupied as well as the communal facilities. A business continuity plan was also in place for the service. This provided information for staff about the action they should take in the event of an emergency to help keep people safe.

Records were kept of any accidents and incidents that had taken place at the service and the information

was analysed for any patterns or trends. Staff told us they had also received additional training on how to keep people safe that included moving and handling, the use of equipment, infection control and first aid. The registered manager was aware of their responsibility to report any issues relating to safeguarding to the local authority and the Care Quality Commission.

In order to check that recruitment procedures were safe, we looked at the personnel files of two staff that had recently been recruited to work in the service. Both of these files contained an application form as well as two references and confirmation of each person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

We were told by the registered manager that they were actively trying to recruit people from the both the deaf community and people from Black and Minority Ethnic groups (BME) in order to try and ensure the staff team was representative of the people who used the service. We were told that if successful applicants were not able to communicate using BSL, they were supported to attend courses to learn this language. A staff member who was currently learning BSL told us, "People who live here are patient with me when I am signing and the staff team are very supportive."

People told us there were always enough staff available to provide the support they wanted. Staff told us they worked flexibly to ensure they were available to support people to attend all their planned activities or appointments. One person who used the service confirmed, "Staff support me to go to art and different groups."

We noted information was on display in the communal areas about staff that were on duty. The registered manager told us there were a number of 'bank staff' employed by the service who were available to cover staff sickness or annual leave. We were told agency staff were occasionally used but that not all of these staff were able to communicate using BSL. Because of this, such staff were not allowed to work on their own in the service; this helped to ensure people who lived in the home were able to communicate their needs to staff.

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff spoken with told us they had received training in the safe administration of medicines. In addition, regular assessments were carried out to check the competence of staff in the safe handling of medicines.

We found that people were supported to retain as much independence as possible when taking their prescribed medicines. All people who used the service had a locked cupboard in their own property for the safe storage of medicines. We noted that, wherever possible, people signed their own medication administration records to indicate they had taken their medicines as prescribed, supported by staff where necessary. Risk assessments were in place where people had taken full responsibility for their medicines and these had been regularly reviewed. Audit systems were also in place to help check people had received their medicines as prescribed.

All communal areas of the home were clean. We were told, where necessary, people were provided with support to help keep their own property clean. A regular check was completed by staff to help ensure there were no issues relating to the cleanliness or safety in any of the properties.

We found appropriate checks were completed by staff to ensure the safe handling of food. The last food hygiene inspection had been completed in 2009 with no issues raised and a 5 'Very Good' rating awarded. Following our inspection, we contacted the local authority food safety team and were advised that the decision had been made in 2009 that that no further inspections were necessary since at that time staff were not involved in preparing meals for people. However, due to the fact that staff now supported some individuals to cook their meals, we were told that the service would be inspected at some time in the future.

Is the service effective?

Our findings

People who used the service told us the staff that supported them were knowledgeable about their needs and able to communicate effectively with them. Comments people made included, "Staff sign well" and "[Name of staff member] helps me with lots of things."

We looked at the arrangements in place to ensure staff received the induction, training and support they required to be able to deliver safe and effective care.

We saw that staff were provided with a comprehensive induction programme which included the completion of mandatory training and a period of shadowing more experienced staff. New staff were provided with a mentor from within the staff team to help ensure they were fully supported during the initial period of employment in the service.

Records we reviewed showed all staff were provided with a range of training courses including fire safety, safeguarding adults, person centred care, equality and diversity, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, food hygiene, first aid and moving and handling. Staff spoken with told us the training they received was of good quality and ensured they had the skills they needed to support people effectively. We saw that there was a system in place to ensure staff completed regular refresher training in required topic areas. We were told that new staff, who did not have a nationally recognised qualification in care, were required to complete the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Personnel records we reviewed showed staff were provided with regular supervision. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. We noted that an agenda was used for each supervision session which asked staff to consider what was working or not working for them within the work environment. We saw that new staff were provided with supervision after six weeks of commencing employment and at the end of their probation period. Feedback from people who used the service was included in the supervision sessions to help staff understand how they were viewed by the people they supported. All staff also received an annual appraisal to support them to identify achievements and future goals.

We looked at what consideration the provider gave to 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Care records we reviewed showed the capacity of people who used the service to choose where they wanted to live was assessed and documented. Following this assessment, procedures were in place to ensure the required DoLS applications were submitted to the relevant local authority should individuals be assessed as lacking capacity to consent to their care arrangements.

The registered manager told us they had submitted DoLS authorisation requests for two people who lived in the home, for whom there were some restrictions in place in order to ensure they received the care they required; one of these requests was still awaiting assessment by the local authority. The registered manager was aware of their responsibility to continue to assess whether restrictions in place continued to be necessary and were proportionate to any risks the relevant person might experience.

People were able to access their own properties without any restrictions. Some people required support to access the local community, whilst other people were able to do so independently, merely informing staff when they would return home.

We noted care records included information for staff about how they should support people to make their own decisions and choices. One person's care file contained a decision making agreement. This provided guidance for staff about how they should present choices to the person, ways to help the person understand the information and when were the best or worst times for the individual to be asked to make particular decisions. Care records we reviewed also included consent forms which were presented in both BSL and pictorial formats to help individuals understand what they were being asked to agree to when signing the forms.

Staff spoken with demonstrated a commitment to promoting people's rights to make their own decisions about the care and support they received. One staff member told us, "We always assume people have the capacity at the beginning but regularly review this, on a day to day basis if necessary, because of people's mental health needs." Another staff member commented, "We always ask people what they want us to do and how. It's their choice."

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews and we noted that each person had a health action plan in place; this provides easy read information for people about their health needs and the support they require from health professionals. People who used the service told us staff would support them to attend health appointments where necessary. The registered manager told us people were also able to access an independent interpreter for any appointments should they wish to protect their privacy. They also told us that the service worked in partnership with community based professionals to help ensure people received the support they required in a timely manner; this was particularly important when a deterioration in people's mental health was noted by staff at Fosse Bank House.

We asked staff how people's nutritional needs were monitored and met in the service. We were told that a number of arrangements were in place to meet the individual needs of people who lived in the home. These ranged from people making their own meals, to cook along sessions with staff. We were told weekly menu planning sessions took place, using the 'Eat Well' plate, which is a pictorial summary of the main food groups and their recommended proportions for a healthy diet, to encourage people to make healthy choices. Staff told us that a daily record was maintained of the food people had eaten while in the home; this helped to ensure staff could take prompt action if they had any concerns about an individual's dietary

intake.

Is the service caring?

Our findings

People spoken with told us staff were always kind and caring. Comments people made included, "Staff look after us" and "Staff are nice." During the inspection we observed people were comfortable in the company of staff. We observed staff interactions with people were kind, friendly and patient.

We noted staff respected people's privacy and dignity. People had keys to their own flat and staff only entered if given permission to do so, or if they had any concerns regarding a person's welfare. We were told people were able to invite friends to the service and staff would respect people's right to privacy.

We looked at a sample of care records and found staff wrote about people's needs in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way and all staff were bound by contractual arrangements to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Staff told us they were committed to maintaining and building people's independence and meeting individual needs. We saw one person was supported to take as much responsibility as they could for doing their own laundry, with staff only intervening when it was necessary to do so due to the person's physical needs. People were also supported to budget their own money as far as possible. A staff member told us, "We promote independence by not doing everything for people." The registered manager also commented, "As much as possible, people are enabled to live an independent lifestyle with background support from staff."

Care records we reviewed were very personalised and included important information about people's lives and backgrounds; this information was used to help staff hold meaningful conversations with people. People told us staff would always support them to keep in contact with their family and friends if they wished them to do so.

We saw that staff had completed their own one page profiles which were available for people who used the service to read in the communal area. These profiles included information about staff likes and dislikes and demonstrated a commitment to being caring and open with people who used the service. Staff spoken with were able to show that they knew people who used the service well, including the particular signs individuals might use when communicating and what these meant. They all demonstrated a commitment to providing high quality care and support to people. One staff member told us, "I am confident we provide the care people need, in the way they want it to be delivered."

Records we reviewed showed regular 'Listen to Me' meetings took place where people who used the service were able to express their views about the support they received. Where necessary we saw that action was taken by staff in response to any issues or suggestions raised.

We asked the registered manager about people's ability to access independent advocacy services. Advocates can help people to achieve the outcomes that matter to them. We were told it was difficult to

access advocates who were able to communicate in BSL but that the service would always try to ensure people who needed to access advocacy services were supported to do so.

Is the service responsive?

Our findings

People we spoke with who used the service told us they always received the support they needed to be able to follow their interests, develop their independence and maintain contact with those people important to them. We saw that each person had an individual planner to record the tasks and activities they had decided to complete each week. These activities included art groups and cooking sessions held in the local community as well as swimming, gym sessions and social clubs. Photographs were on display in the communal areas of the home to document people's achievements and activities in which they had participated. One person commented, "[Name of staff member] helps me with cleaning and buying clothes. We also go bowling and to play snooker." During the inspection we noted people accessed the local community both independently and with staff support.

Staff told us they supported people to maintain relationships which mattered to them, while encouraging people to be as independent as possible in this process. For example, we were told that one person had now begun to use trains with staff support to visit family members. We were also told that the provider gave each individual £500 to enable them to take holidays or excursions of their choice, with staff support as necessary. All the people we spoke with told us they thoroughly enjoyed the holidays they had taken both in the UK and abroad; such activities help promote social inclusion and enable people to experience different cultures.

All the people we spoke with told us they particularly enjoyed being supported by a deaf member of staff. The registered manager told us this member of staff was acutely aware of the deaf culture and the barriers people might face. Although all staff were able to communicate effectively with people, this member of staff had the benefit of BSL being their first language which was important to people who used the service. The registered manager told us this was the reason why they were actively trying to recruit new members of staff from the deaf community, possibly via an apprenticeship scheme they were hoping to develop in the future. This demonstrated the registered manager was proactive in aiming to improve the responsiveness of the service.

We saw that the registered manager completed a very detailed pre-admission assessment before a decision was made whether the service was able to meet a person's needs. Records we reviewed showed the admission process was personalised to meet people's diverse needs but usually included a number of visits by staff to meet the person, visits to the home and overnight stays where possible to help the person feel confident in accepting a place at Fosse Bank Court.

The registered manager told us about the creative methods they had used to support a person make decisions about moving to Fosse Bank Court. They showed us a detailed photo log book they had maintained to show the individual concerned the progress in the construction of the flat they would occupy if they chose to move to the service. Once the decision was made to accept admission, the book also included details of flooring, work surfaces, furnishings and paint colours the person had chosen, including small details such as how they wanted their curtains to be hung. The registered manager told us this had helped the person understand the process, have a successful transition to the service and feel at home

when they moved to their new accommodation. The person was very proud to allow us to see their flat which they had further personalised with support from staff since they had moved in.

We saw how responsive the service had been when a person was admitted earlier in 2017. Information from the service in which they were living prior to their admission to Fosse Bank Court had indicated all equipment the person required was in place and would be transferred with them. However, this had not in fact happened. As a result the registered manager had to arrange for an urgent assessment to be undertaken by a privately funded occupational therapist on the weekend after the person arrived at the home. This was necessary in order to assess what equipment was necessary to ensure the individual was safe and could receive the care they needed from staff in an appropriate manner. This professional had also been commissioned by the service to provide training to all staff in how best to meet the person's needs.

All the care plans we looked at were very detailed, person-centred and underpinned by a series of robust risk assessments. Care plans also included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests as well as guidance to staff about how their care and support needs should be met. They also included a pictorial depiction of who was responsible for the different aspects of support required to help people achieve their goals.

A community based professional we contacted prior to the inspection spoke extremely highly about the responsive nature of the service. They told us, "Staff respond immediately to any concerns. I can't fault the place. They even have a care plan in place for my client's cat!" We looked at this care plan which had been formulated with the service user who owned the cat, staff and the local veterinary practice. The registered manager told us the plan gave the person who used the service a sense of responsibility for ensuring their pet received the treatment it needed to remain healthy. It also recognised the importance of the pet to the person's sense of well-being.

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. Records we looked at showed that people who used the service were also central to the care plan review process to help ensure they were receiving the support they wanted and needed. Review meetings were used to check with the person that they were happy with the progress they had made towards their goals and to discuss what they wanted to do next. Pictorial scales were used to help people engage in the process of communicating their satisfaction with the support they received.

We found that people who used the service were equal contributors in the staff recruitment process. Records we looked at showed people were supported to ask any interview questions they considered to be relevant in order to ensure potential staff understood the care and support they expected to receive. Records we reviewed showed the comments people who used the service had made about the suitability of applicants to work at Fosse Bank House. A newly appointed staff member told us, "I was interviewed first by people who live here without any staff being present." We were told by the registered manager that people who used the service were also able to attend and contribute to staff training sessions.

Our discussion with staff and the registered manager showed they had an excellent understanding of

equality and diversity issues relating to the people who used the service. All staff had completed 'Welcoming Diversity' training as part of their induction and took action to help prevent people from experiencing barriers as a result of their deafness or disabilities. The registered manager informed us that equality and diversity issues were regularly discussed in staff meetings and supervision sessions. They went on to tell us, "People might be diverse but they are equal. We would not accept bad practice." We saw how pictorial records were being used to help a person choose an adapted vehicle to accommodate their wheelchair so that they had equal access to the community.

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; the Accessible Information Standard 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. The service user guide was also produced in these formats; this was given to people before they were admitted to the service and contained information about the care and support they could expect to receive.

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. They also made staff aware of the best and worst times for each individual to be asked to make decisions. This demonstrated the service was committed to ensuring staff were responsive to people's diverse needs and communication methods.

We noted the registered manager had written to the GPs with whom people were registered to make them aware of the support individuals would need when receiving information from the GP and other health professionals. We saw that GPs had acknowledged their responsibilities to provide people with a BSL interpreter in accordance with the Accessible Information Standard; this should help to ensure people were able to communicate effectively and understand information given to them when accessing their local health service.

We noted that a range of technology was used to help ensure people who used the service were safe and could be as independent as possible. This included the use of tablet computers, flashing doorbells and vibrating pillows. Records we reviewed showed people had been involved in deciding how technology should be used within their individual properties.

Records we reviewed showed that people had been encouraged, with support from their relatives if appropriate, to discuss their end of life wishes. We saw that staff had taken the time to understand and document the particular cultural needs and wishes of a person in relation to how their funeral should be arranged.

The provider had a complaints' procedure in place that was included in the service user guide. It was also provided in Easy Read, BSL, pictorial and DVD 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 said, "[Name of registered manager] will always get things fixed if there is anything wrong." Another person

told us, "I like it here. I have no complaints."

The registered manager maintained a complaints file that included forms for recording and responding to complaints. The records showed that there had been two complaints in the past 12 months and that these had been investigated and responded to appropriately. All complaints were also recorded as part of the registered manager's monthly report to the area manager. This helped to ensure appropriate action had been taken and that any trends could be identified.

Is the service well-led?

Our findings

People who used the service told us the registered manager was approachable and always willing to listen to them. Comments people made included, "I like [name of registered manager]. I have meetings with them" and "I like [name of registered manager]. I can talk to her."

A health professional we contacted for feedback prior to the inspection told us, "The manager is amazing. I am over the moon with the placement for my client and have absolutely no concerns."

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating both in the home and on the provider's website. This was to inform people of the outcome of our last inspection.

The manager was registered with CQC and had responsibility for the day to day operation of the service. Throughout the inspection they were visible and active within the home, interacting warmly and professionally with people who used the service and with staff.

The registered manager told us they had an open door policy which meant people living in the home and members of staff were welcome to go into the office to speak with them at any time. This was evident throughout both days of the inspection when we saw people approach the registered manager on a regular basis.

Staff spoken with during the inspection told us they felt well supported and that the registered manager and area managers were always available for any advice needed. One staff member told us, "I think the service is well-led. [Name of registered manager] has an open door policy. They also have high expectations of the staff team."

Staff told us there was a transparent culture in the service and staff were always encouraged to raise any issues they had in staff meetings or in private with the registered manager. In addition, people who lived at Fosse Bank were actively involved in decisions about the running and management of the home. We found there was good support in place for people to have the opportunity to comment about how the service was managed. We found the registered manager actively listened to people's views and took on board their wishes and feelings.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates via the provider's website LOOP. This website also allowed staff to provide feedback on the organisation by completing a Big Satisfaction survey and to share good news stories from different services.

Staff spoken with were able to tell us about the vision and values of the organisation and how these were put into practice at Fosse Bank. A staff member commented, "The vision for the service is for it to be person-

centred and inclusive. The values are 'People, Passion and Partnership'. You have to be passionate about delivering excellent care and we work as a team to help us do this."

We found there were a number of quality assurance systems within the service, including a monthly audit which provided information to senior managers about the running of the service. This auditing system included any complaints received in the service and any incidents or accidents which had occurred; the system also recorded when care and support plans and risk assessments had been reviewed and updated. The registered manager told us the area manager also conducted regular audits at the service to help ensure all the regulatory requirements were being met. We saw that actions had been taken where any shortfalls had been identified through this process in order to help ensure the quality and safety of the service.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. Accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement; this meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

To demonstrate its commitment to providing personalised support, the service had signed up to 'Making it Real'. This is a framework which organisations can use as a way of helping them to check and build on their progress with personalisation, and also as a way of letting others know how they are doing, especially their local community and the people they support. The registered manager at Fosse Bank had developed an action plan to chart their progress against the key indicators for personalised services. They told us, for this plan, they had chosen to concentrate on the involvement of both people who used the service and staff in the running of the service; this was in line with the objectives of the provider.