The Royal National Institute for Deaf People

RNID Action on Hearing Loss Pippin 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?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on 02 November 2015. At our last inspection in November 2013 the home was meeting the regulations at that time.

Pippin House is a care home run by the charity Action on Hearing Loss (RNID). The home can accommodate up to eight people. All of the seven people living in the home at the time of the inspection were profoundly deaf, but are in residential care due to a range of learning disabilities (including autistic spectrum disorder) and/or mental health problems.

The home had a registered manager, who had been in post since the home opened in 2000. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

All of the people living at Pippin House knew each other well. Some of them had been living together at another home prior to moving in and the others joined them when the home opened. They benefitted from being supported by a stable staff team, many of whom had, like the registered manager, been working at the home since 2000. On the day of the inspection people were happy, relaxed and engaged in meaningful social and leisure activities. Staff were attentive and available to support people with their chosen activities. Staff spoke with people in a friendly and respectful manner.

People told us they enjoyed living at Pippin House and felt safe. One person told us, "I feel safe, I can live the life I want and I am supported to manage any risks." Another person said "I have everything I need clock, light, computer, office desk everything." People were supported to explore new experiences, gain new skills and to increase their independence. Each person had a care and support plan which they had contributed to writing. These plans were personalised and gave staff important information about their likes, dislikes and preferences. They detailed how and when staff should provide support in day to day activities as well as during times when people might need additional support. For example, when anxious or agitated, some people may display behaviour that placed themselves or others at risk of harm. The plans described under what circumstances this may occur and how staff should respond. Should a person require a physical restraint to protect them or others, this needed to be described in more detail to ensure this was managed safely and consistently.

Risks to people's safety in and out of the home were clearly identified and people were involved in exploring these risks and identifying how to overcome them. People's medicines were managed safely and they received these as prescribed. People used the local healthcare facilities such as GPs and dentists as well as receiving support from specialist services such as the community learning disability service.

People took part in a wide range of community based activities throughout the week, including exercise classes, swimming, and visiting local places in interest. Work opportunities were also explored for people. For example, one person had a job in a local charity shop and they told us how much they enjoyed this.

The home had adopted the 'Total Communication' approach to involving and communicating with people. This approach enhanced people's ability to be involved in making decisions about their lives and explore their ambitions for the future.

A social care professional told us "staff respond to each person as a unique individual and I am always impressed by their truly person-centred approach".

Staff were well trained and had the skills and knowledge to support people with learning disabilities and a hearing impairment: all staff were trained in British Sign Language. They were enthusiastic and respectful towards the people they supported. They said the home was well managed and they received regular supervisions and appraisals. Communication was effective between the management and staff team with daily handover meetings and regular staff meetings.

Safe recruitment procedures were in place and appropriate checks had been undertaken before staff started work. People were involved in interviewing and choosing new staff.

The registered manager and staff were able to demonstrate an understanding of Mental Capacity Act 2005 (MCA) and under what circumstances a 'best interest' meeting would be required. A 'best interest' decision is made by others who know the person well when the person does not have the capacity to make their own decisions about their care and treatment. We saw were required capacity assessments and best interests decisions had been recorded in people's files for some decisions.

People told us they were able to choose what they wanted to eat and drink and they were involved in planning menus and shopping. People had pictorial menus and recipes with step by step guides for preparing the meals they had chosen. People used local cafés, pubs and restaurants and used photographs of food and drinks to indicate what they wished to order.

All those spoken with knew the home's complaint policy and this was displayed using pictures and symbols

Summary of findings

people could understand. When a concern had been rasied, the actions taken to resolve the issue were clearly recorded. There were effective quality assurance systems in place to monitor the service and drive improvements. The home was accredited with a number of initiates to ensure services and support were personalised and community-based. The home was also accredited with staff development and management organisations for which the home had to continually provide evidence of its learning and development. The registered manager and the people living in the home told us of the planned extension to provide more living space. People had been involved in the planning process and were looking forward to the changes.

Summary of findings

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 home was safe.

People were supported to undertake risks to enjoy a more fulfilling life.

People were protected from the risk of abuse as staff had received training and were knowledgeable about the signs of abuse.

A safe system of recruitment was in place which helped protect people from the risk of unsuitable staff.

People's medicines were managed safely

Good

Is the service effective?
The home was effective.

People's rights and choices were respected. The home was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff received training and supervision necessary to provide them with the skills and knowledge needed to provide personalised, effective, care and support.

People were provided with a choice of suitable and nutritious food. People were involved in planning the menu and shopping.

Good

Is the service caring?
The home was caring.

Staff treated people with respect and kindness. Staff and people interacted in a friendly way.

Staff knew people well. They had a good knowledge of people's individual needs and preferences.

People were involved in making decisions and planning their care and support. They made choices about their day to day life.

Good

Is the service responsive?
The home was responsive.

People enjoyed a range of activities in the home and the local community.

Care records and risk assessments where detailed and person centred. They reflected individual needs, wishes and preferences and provided staff with sufficient information to enable them to provide the care and support people required.

People knew how to make a complaint and were confident any issues would be responded to.

Good

Is the service well-led?
The home was well-led.

Good

Summary of findings

The registered manager used a variety of different ways of gathering people's views and ideas about the service.

People told us they had confidence in the registered manager, who they said was approachable and caring.

Staff told us they felt supported and enjoyed working for the service.

RNID Action on Hearing Loss Pippin 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 was 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 02 November 2015 and was unannounced. One social care inspector and one specialist advisor carried out the inspection. The specialist advisor was experienced in supporting people with a learning disability and using British Sign Language to communicate with people who have a hearing impairment.

Before the inspection, the provider completed 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.

During the inspection at Pippin House, using British Sign Language, we spoke with four people who lived at the home. We also spoke with the four support staff on duty and the registered manager. We looked at the care and support plans for the people we spoke with. We also looked at records relating to how the home managed people's medicines, how staff were recruited and trained and how the home reviewed the quality of the support it provides.

Following the inspection, we spoke with a social care professional who knew several of the people living at the home.

Good

Is the service safe?

Our findings

People told us they were happy at the home and felt safe. One person told us, "I feel safe, I can live the life I want and I am supported to manage any risks." We saw people talking and signing with staff and being assisted to prepare to go out of the home, engage in activities around the home and to make themselves drinks. The relationship between people and staff was relaxed, friendly and cheerful. People and staff were smiling at each other indicating people felt safe in the staffs' company.

Staff told us they had received training in protecting people from abuse and they knew what action to take should they have any concerns over someone's welfare. Staff were confident the registered manager would respond and take action if they raised concerns. Easy to read posters using signs and pictures were on display in the hallway and provided people with contact details for reporting any issues of concern.

The registered manager said the home had a positive approach to risk taking. This supported people to explore new experiences, gain new skills and to increase their independence. People had been involved in preparing their own risk assessments using their photograph and British Sign Language (BSL) signs. For example, one person had an assessment showing them going to the bank and using their cash card. Another person had a risk assessment for the use of a kettle. These assessments enabled people to see themselves in the situation and to better understand the risks involved.

Staff said they regularly reviewed the risk assessments with people to ensure they remained safe. They reviewed the likelihood of the risk occurring and the impact this would have on the person. They used this information to promote further learning and development. For example, people were asked if they felt comfortable with the risks they were taking. Staff used symbols and signs to record people's views. One person was independent in going to work but had agreed, on occasions, for staff to follow them at a discreet distance to ensure there were no new risks to their safety.

The risk assessments identified some people could become anxious which might lead them to display behaviours that may put themselves or others at risk. The assessments identified under what circumstances the person might become distressed, the warning signs to look for and described the behaviours they may display. However, the guidance for staff about how to manage these situations required more detail to ensure people and the staff remained safe. For example, one person's assessment identified the person may hit out or upend furniture. Staff were guided to remain calm and to stay with the person, keeping them away from the kitchen and other people. The guidance did not describe whether the person required a physical restraint to prevent others being harmed, and if so how this should be done safely and consistently. The registered manager said people rarely became aggressive towards others and only very occasionally did someone become so anxious they may harm themselves. They confirmed they would review each person's behavioural support plan to ensure it provided staff with detailed step by step guidance should a person require a physical restraint.

Staff told us they had completed training in managing challenging behaviour and were confident with distraction and breakaway techniques, as well as using a physical restraint if that was necessary. Records showed staff had received training in October 2015 and further training was planned for January 2016. The social care professional we spoke with told us they were "always impressed about how proactive staff are in solving problems and responding to unpredictable developments with pragmatism, creativity and flexibility."

Safe recruitment processes were in place. We looked at the recruitment files for three staff. Checks had been undertaken prior to their employment to ensure they were suitable to work with people who lived in the home. For example, references from previous employers had been sought and police checks had been completed. This helped reduce the risk of employing a person who may be a risk to vulnerable adults.

We looked at the way the home managed people's medicines. Medicines were stored safely and all staff said they had received training in safe administration practices. Each day a member of staff was allocated to administer medicines so there was no confusion over whose responsibility it was. A further staff member was identified to check the medicines had been given correctly and the medicine administration records (MAR) signed accordingly. We saw the MAR sheets had been fully completed. This showed that people received their medicines as

Good

Is the service safe?

prescribed. People recognised the need to take medicines, one person said, “I like the Support Worker to support my medication and I feel safe” and another person signed “I need medication to keep me well and staff help me with it so I don’t go back to hospital.”

Sensory equipment was installed in the home to alert people and staff to people coming to the front door or emergency events. For example, one person had a vibrating pad under their pillow to alert them if there was a fire.

Flashing lights were installed for fire alarms as were flashing door lights when the front door or people’s bedroom doors were knocked on. People were provided with a pictorial action plan of what to do in the event of a fire. Should someone have an accident this was recorded and the circumstances were reviewed by the registered manager to look for patterns and recommend action to prevent reoccurrence.

Good

Is the service effective?

Our findings

People received support from staff who knew them well. Many of the staff had worked at the home for many years. All staff communicated effectively using BSL. One new member of staff was undertaking training in BSL and they said one person liked to teach them too. We saw this person enjoying teaching the staff member.

The registered manager told us people were involved in interviewing new staff. They were supported to plan the questions they wished to ask and record their views of the staff's performance at the interview. Candidates attending an interview had been asked to provide a one page profile of themselves to assist people to make a decision about their suitability. We saw records of these questions, the profile and the outcomes of the interview in staff recruitment files.

New staff completed an induction programme where staff undertook essential training and worked alongside an experienced member of staff. They were also enrolled to undertake the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff told us they attended numerous training events throughout the year, some at the home and some at The Royal National Institute for Deaf People training department. Training was provided in topics related to people's care needs as well as health and safety issues. A training matrix provided evidence of the training staff had received and the planned training for the forthcoming months and into next year.

Staff told us they received the support they needed to carry out their roles. They said the registered manager was very approachable and supportive. The registered manager worked shifts with the staff team which enabled them to have a relationship with the people in the home and the staff, rather than being seen only as the person in the office. Staff received regular supervision and had an annual appraisal and we saw records of these in their files. Staff said they found these meetings helpful, and they were able to identify and request training and support. For example, one staff member said they had been supported to undertake a management qualification. Staff had handover meetings at the start of each shift which enabled them to pass important information to each other and to plan events for the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. The MCA provides a legal framework to determine if people have capacity to make informed decisions about their care, support and treatment. When people are assessed as not having the capacity to make a decision, a 'best interest' decision needs to be made to ensure the best outcome for the person who uses the service. The registered manager and staff were able to demonstrate an understanding of MCA and under what circumstances a best interest meeting would be required. We saw were required capacity assessments and best interests decisions had been recorded in people's files for some decisions. The registered manager confirmed they were looking to develop the capacity assessments in relation to medicines, as they felt this was an area people needed more information about when considering the necessity of taking medicines.

Staff were able to demonstrate a good understanding of the importance of gaining consent to care and support. Care records contained consent forms with pictures and symbols to aid people's decision making. During our inspection we saw staff asking people what they wanted and seeking consent when offering support.

People were not restricted from leaving the home. People told us they went out shopping and to various activities and we observed people going out of the home with and without staff during our inspection.

People told us they were able to choose what they wanted to eat and drink and they were involved in planning menus and shopping. One person told us "My friend and I are cooking tonight. I don t like curry". (Curry was the meal other people had chosen that evening). People who wished to do so were supported to plan their own menus and to shop and prepare their own meals. People had pictorial menus and recipes with step by step guides for preparing the meals they had chosen. For example, one person wanted to learn how to make cottage pie as this was a meal they particularly enjoyed. Their pictorial recipe showed them undertaking each stage of the meal preparation. They made several portions of the meal to have at any time of their choosing and staff let them know when they were running low to enable them to make more. Staff said people had a variety of meals they had prepared

Good

Is the service effective?

themselves in the freezer which they could choose from each day. Throughout the day we saw people preparing their own meals and drinks. We also saw one person signing to staff, "I'm going to McDonalds for lunch". This person told us they were able to order food at different cafés and restaurants as they used photographs to indicate what they wished to order. Staff showed us the pictures available to people to enable them to be independent. These included photographs of a wide variety of foods and drink, including those available in the local cafés and pubs.

People's care plans contained a "health action plan" which detailed their health care needs, their medicines and their use, any relevant family medical history and planning for future health reviews and screening. Records showed people used the local healthcare facilities such as GPs and dentists as well as receiving support from specialist services such as the community learning disability team. At the time of our inspection, one person attended a dental check-up.

Good

Is the service caring?

Our findings

People told us they were happy living at Pippin House. It was obvious staff knew people well as they were able to tell us about people's individual needs, preferences, personalities and personal histories. During our inspection we observed how people were spoken with and supported. People were the main focus of staff's attention. They undertook activities together, including meals and drinks and we saw them chatting and laughing together. During lunch we saw one person become distressed and staff were attentive, understanding and signed effectively to support the person.

The social care professional we spoke with said staff had a "respectful and empowering" attitude towards the people they support and had developed relationships which were based on "genuine respect and affection". They said "specialist individualised communication skills were at the heart of all practice." The home had adopted the 'Total Communication' approach to involving and communicating with people. This included using signs, gestures, body language, symbols, photographs, objects of reference and electronic aids in a consistent manner to support communication. This approach enhanced people's ability to be involved in making decisions about their lives and explore their ambitions for the future.

People were involved in planning their care and support. People had written their own profiles and "how best to support me" information. We saw people making choices about their day to day life. Care records had information about people's likes and dislikes and things that were important to them.

Staff told us they encourage people to be as independent as possible. They chose how they wished to spend their time and had regular meaningful activities and friendships outside of the home. We saw people were unrestricted within the home, helping themselves to food and drink, showing us around the home and telling us about their art work. They appeared to enjoy this and proudly showed us their home. One person said "I have everything I need clock, light, computer, office desk everything."

The home used a key worker system. A staff member took a lead role in making sure the person was supported in the way they wished, had opportunities to develop new skills and activities and were supported to plan goals for their future. The keyworker was also a link for people's families.

Good

Is the service responsive?

Our findings

The social care professional told us "staff respond to each person as a unique individual and I am always impressed by their truly person-centred approach". The home had a number of 'person-centred champions'. These 'champions' supported the staff team to consider their interactions with people to ensure they put the person at the centre of all their decision making.

Each person had a care plan which gave staff important information about their individual needs. We looked at the care records for the four people we spoke with. These records were personalised and identified people's preferences and what was important to them. There was detailed information on how to meet people's health and care needs, how to communicate effectively and how to manage behaviours that may place the person or others at risk. For example, one person's care plan stated they preferred to get up later in the morning and needed time to get ready without being rushed. It also said staff were not to change the layout of their bathroom as they liked their things in the same place. Under the section "how to communicate with me better", staff were guided to use British Sign Language, write down what they wanted to say and to use the person's diary to record events. The plan detailed in what areas the person was independent, such as walking in to the local town, and when and how staff should provide support.

Care plans were reviewed monthly with the person and their keyworker. A three monthly "my special meeting" was held for people to consider how the past few months had gone and how they wished to plan for the forthcoming few months. The meeting recorded pictures of people undertaking a variety of activities and allowed people to indicate whether they had enjoyed them or not, and whether they wished to continue with them. Their relatives as well as healthcare professionals, if involved in the person's care, may be involved in these reviews.

People were supported to learn new skills and to consider their ambitions for the future. People had a "wishing tree" in the dining room and all their wishes were hung on it as a reminder to people of their goals and what they wished to achieve. We saw these were clearly recorded in people's care plans with a breakdown of the steps necessary to achieve the goal. Goals included going to evening classes, shopping independently and preparing meals. Pictures of the person achieving each step were used to celebrate their success. When a step had been achieved the person and staff were asked to consider "4 + 1" questions: what the person had tried; what they had learned; what they were pleased about; what they were concerned about and what was next. This allowed people time to reflect on how well they had learned the new skill, what barriers had there been to learning and how to improve their experience learning next time. For example, one person told us, "I have been making cards but don't like it anymore but am helping with jewellery making."

People took part in a wide range of community based activities throughout the week, including work opportunities. One person who smoked told us, "I know smoking is bad for me but I have gardening jobs now within the community and I get to do gardening instead of smoke so it helps me." They told us they were happy, content and enthusiastic about their work. Other people also had jobs: one person in a local charity shop which they told us they enjoyed very much, and another person was due to start work as an assistant in a local hair salon.

Staff told us where they can, they ask for support from people in the local community rather than people only being supported by the staff at the home. One person told us they and another person living at the home had an interest in model trains and had built a train set in the garage. They had been supported to do this by the staff at the local model train shop in the town.

A written and pictorial activity planner was used so that people could see what they would be doing on a particular day. Staff told us they try to find a variety of activities in the local community that people can get to easily without relying on staff support. The registered manager told us they match staff with similar interests to the people who use the service. During our inspection, people went swimming, attended the local gym and went shopping. People were fully involved with the everyday tasks around the home such as food shopping, meal preparation, and tidying their bedrooms.

Each month people were supported to plan a day of "my fun time." This included going to the theatre or cinema, going out for meals or visiting places of interest. Staffing was arranged to enable each person to have a special day out. People were also supported to plan an annual holiday and people showed us photographs of their previous holidays.

Good

Is the service responsive?

The social care professional told us, the people living at Pippin House "enjoy quality of life and independence I believe would be difficult to replicate elsewhere."

We asked people what they would do if they had a concern or problem. One person signed "I would tell the manager and they would keep it private and sort it out" and another person said, "never had any problems at Pippin House." All those spoken with knew the home's complaint policy and this was displayed using pictures and symbols people could understand. Each person had a complaints form to record their concerns or things that had not gone well. We saw one person had used this to record their kettle had broken and it had been replaced the same day. Another person's described they had been upset by someone's comments. The action staff had taken to resolve this was clearly recorded.

Good

Is the service well-led?

Our findings

The registered manager at Pippin House had been in position for many years. They were positive in their approach to developing the home and worked closely with the staff. People knew them well and were comfortable with them. Through the registered manager and staff team's commitment to developing a quality service, the home has achieved accreditation with ISO 9001. This is a certified quality management system for organisations who want to prove their ability to consistently provide services that meet the needs of those receiving the service. To remain accredited the home must continue demonstrate its learning and development.

The registered manager said the home was committed to "our values of kindness, compassion, dignity and respect." Staff demonstrated their understanding of these values in the way they described the people they supported and in the way they looked to develop and improve the service.

In September 2015, the registered manager completed the Provider Information Return. In this document they stated Pippin House had signed up to "Think Locally Act Personally" (TLAP) and "Making It Real" (MIR). These are initiatives used to develop services through "personalisation and community-based support." They set out what people can expect to see and experience if support services are truly personalised. The registered manager stated the home was committed to using these initiates to review its practices to ensure the support it provided were truly personalised to the people who live in the home. For example, by involving people in writing their own pictorial risk assessments, support plans and complaints record. At the time of the inspection we saw the home had achieved these changes. Two people told us of the video they had made to demonstrate how they had benefitted from the MIR project. The video showed them independently participating in community activities. They were proud their video was being used to promote the MIR initiative.

The registered manager said people had been consulted over what areas they felt needed review and improvement and these were discussed at house meetings. We saw people had prepared the agenda for these meetings and were invited to chair the meeting if they wished to do so. Pictorial minutes recorded the outcome of the meetings.

The home used a number of ways to gain people's views about living at Pippin House which included individual and house meetings and questionnaires. The questionnaires were completed at the time of the three monthly support review meetings, and asked people to say what they did and didn't like at Pippin House. They were prompted to consider the meals and menu planning; if their bedrooms were suitable for them; how they felt about the way in which staff supported them; their health as well as the activities they were involved in. We saw the results of these were positive and people were satisfied with the support they received.

Staff said they had a good relationship with the management team and felt listened to and respected. They confirmed the registered manager had an "open door" policy and they led by example. One staff member said, "we are a great team" and another said, "the communication and support is excellent." Pippin House had been accredited with 'Investors in People', a nationally recognised organisation which helps services develop their staff and recognises their good practice in doing so.

People told us of the plans to extend the home and provide them with increased living space. It was clear people were being kept informed of the process involved with building an extension, as one person asked us, "are you the Building Inspector?" People said they were looking forward to the changes.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.