

The Royal National Institute for Deaf People Harding 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 ●

Summary of findings

Overall summary

Harding House 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. Harding House is registered to provide accommodation and personal care for up to 10 people who are deaf with mental health needs. At the time of the inspection there were six people living in the home and one person was in hospital.

A registered manager was in post who was present on both days of the inspection. 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.

The registered manager was also responsible for managing Huguenot Place located nearby which is another CQC registered care home which we inspected at the same time as Harding House. Staff working at each service attended joint staff meetings and accessed the same organisational systems in place across areas such as training, care planning and quality assurance.

We inspected Harding House on 12 September and 11 October 2018. The inspection was unannounced on the first day and we told the provider we would be returning on the second day. Our last inspection took place in June 2017 where we rated the service 'Requires improvement'.

At this inspection we found improvements had been made and the feedback from people using the service reflected this. However, the registered manager reported on the continuing difficulties in recruiting suitable staff with the appropriate communication skills to work effectively with the people living at Harding House.

Appropriate numbers of support staff were allocated to help keep people safe with regular temporary staff used to cover vacancies. People spoken with were generally happy with the support provided by the staff working at Harding House but said that communication could sometimes be a problem depending on which staff were on shift.

We saw staff members had been safely recruited and had access to both mandatory and specialist training. Staff also received regular one to one supervision and additional support when required.

Staff understood how to help protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their strengths and needs.

Medicines were administered in a safe way. Staff received training and a competency framework was in

place to make sure they understood and followed safe procedures for administering medicines.

Staff had received training in the MCA (Mental Capacity Act 2005) and understood the importance of gaining people's consent before assisting them.

The service completed a detailed personalised support plan for each person with information provided in accessible formats. They kept people's needs under review and made changes as required.

People using the service felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The registered manager monitored the quality of the service and made changes to improve the service provided when required. Staff and people who used the service found the management team to be approachable.

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.

Any risks to individual safety and welfare were being identified and managed appropriately.

People were supported to take their medicines safely.

There were appropriate numbers of support staff allocated to help keep people safe.

Effective recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by a registered manager and deputy who were approachable and listened to their views.

Quality assurance checks took place including regular audits and feedback surveys.

The service submitted notifications to CQC and other agencies as required.

Harding 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 checked 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.'

We inspected Harding House on the 12 September and 11 October 2018. The inspection was unannounced on the first day and announced on the second day and carried out by one inspector. A British Sign Language (BSL) interpreter joined us on the first day of inspection and we spoke with five people who lived in the home to seek their views about the care they received.

Before the inspection we reviewed the information we held about the service including the last inspection report. During the inspection we checked two people's care records, four staff files and records relating to the management of the home. We also spoke with two support workers and the registered manager. Following our inspection, we received written feedback from one external health professional.

Is the service safe?

Our findings

At our last inspection in June 2017, this key question was rated as 'Requires improvement'. This was because some of the medicines record keeping did not reflect best practice. At this inspection, we found the necessary improvements had been made and this key question is now rated as 'Good'.

Medicines were being managed safely at Harding House. There were policies and procedures in place to help ensure staff administered medicines safely. Staff received training in the safe administration of medicines and people were supported to retain as much independence as possible when taking their prescribed medicines. Audit systems were in place to check people had received their medicines as prescribed. People's Medicines Administration Records (MAR) we looked at were signed and up to date showing when medicines had been administered.

People told us they felt safe living at Harding House. One person said, "Yes I feel safe. There is always someone here to help." Another person commented, "It's alright here." A third person told us, "I like living here."

People and staff told us there were usually enough staff on duty. Some people using the service talked about the difficulty the service had in getting permanent staff and this could sometimes affect the support provided to them. One person using the service said, "They need more deaf staff who can sign. Some of the agency staff cannot communicate." They went on to say, "We lost three [permanent] staff in a short time. They have difficulty in recruiting staff." Another person commented, "The staff team has reduced. With hearing [agency] staff it can be a bumpy road." A third person told us, "Some staff have left. They are trying to get more."

Staff told us that they felt the staffing levels were safe but it could be stressful working with agency staff who did not know the people using the service. The registered manager told us that recruiting permanent staff for the service was an on-going challenge and a recent job advert had yielded no suitable candidates. They said the service used temporary agency staff to cover vacant shifts and tried to use consistent people wherever possible so people using the service got to know them and vice-versa. At the time of inspection, the registered manager was investigating further options for British Sign Language (BSL) trained staff from a specialist agency. A staff member said, "I think there is enough on each shift. They are trying to get more [permanent] staff."

Organisational and local authority safeguarding policies were available for reference which included the different types of potential abuse and staff responsibilities. Staff completed safeguarding training and knew the correct action to take should they witness or suspect abuse. They told us they would report any poor or abusive practice and were confident the registered manager would take appropriate action to ensure people were properly protected. A staff member said, "I would challenge the person at the time and inform the manager."

Any risks to people and staff were identified and managed. People's support plans included information

about what staff should do to help them to stay safe. Risk assessments were completed in relation to people's needs and abilities such as the support they needed when accessing the community, managing their money or taking prescribed medicines. Each risk assessment addressed the potential benefits individuals would gain from taking the risk, as well as any control measures which needed to be put in place. Risk assessments were regularly reviewed and updated when people's needs changed.

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. Health and safety checks took place regularly to help keep people safe. These included fire safety checks and checks on the home environment. Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed the support they would require to evacuate the building safely.

Safe recruitment practices helped protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with proof of identity.

Is the service effective?

Our findings

At our last inspection in June 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

The needs of people using the service were assessed before they came to stay at Harding House. We saw referral information and assessments were provided by the local authority. Familiarisation visits were arranged so the person could come to see the service where possible. An individual support plan and assessments were completed by senior staff that were used to discuss with the person and / or their representatives about how they wanted to be supported. Written agreements were kept on file for people where they had stated the level of support they wanted from staff.

People spoken with were happy with the support provided by the staff working at Harding House but said that communication could sometimes be a problem. This was in part due to the difficulties in recruiting new permanent staff. One person said, "They recruit staff with limited signing. It's easier to chat with the deaf staff."

We discussed this issue with the registered manager at the time of inspection who told us about the continuing efforts to recruit staff with the right skills to work at Harding House. If new staff were not able to communicate using BSL, they were supported to attend courses to learn this language. Two staff members told us that they thought a level three qualification in BSL should be the standard for staff rather than the level two. One told us, "The basic sign language is ok but we should try and encourage a better standard."

There was a training and development programme for staff that included a structured induction and mandatory learning for all new staff. The service had implemented the Care Certificate as part of their induction training for all new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. New staff shadowed more experienced staff members on shift when they commenced employment.

The training programme for existing staff consisted of regular updates to make sure mandatory training was kept up to date. Training sessions addressed behaviour, handling medicines, safeguarding, Equality and Diversity and First Aid amongst other topics. Fire safety training was booked for some staff in November to make sure they were up to date. One member of staff told us that they had been on autism training that they found helpful and another specialist course had been booked to help meet the needs of people who were deaf and blind.

Staff confirmed they were supported by senior staff through regular staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this. One staff member commented, "I have one to one's with the [registered] manager. I can raise any concerns."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people required support to access the local community, whilst other people could come and go independently. The registered manager understood their responsibility for making sure the least restrictive options were always considered when supporting people and ensuring they were not unduly or unlawfully restricted. Capacity assessments, best interest decisions and DoLS applications and authorisations were recorded when required. Care files included consent forms in pictorial formats to help people understand what they were being asked to agree to when signing the forms.

Some staff had completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. The registered manager told us that further training was planned at the next team meetings to make sure all staff were up to date in this important area.

People's nutritional needs, including any allergies, preferences and special dietary needs were recorded and met. Staff told us they supported people to develop independent living skills including planning and cooking meals. One person said, "I'm learning how to cook different foods. The staff help me twice a week." Another person told us, "They do provide food. I also have my own shopping money to get food."

People's health needs were met. Records showed that people had regular access to their GP, opticians, dentists and other healthcare professionals as needed. The level of support required by each person was recorded, for example, if they needed staff to help them make appointments with their GP. One person said, "If I need to see the doctor, they arrange the date and we go and see them."

Is the service caring?

Our findings

At our last inspection in June 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People spoken with told us staff were respectful and caring. Comments people made included, "They are respectful" and "The staff are nice and helpful." There was a relaxed and homely atmosphere in the house when we visited. Observed interactions between staff and people using the service were familiar and friendly. One staff member told us, "The staff know the support people need."

Staff supported the privacy and dignity of people using the service. For example, knocking on doors, ensuring people had control of their space and had privacy when they wanted it. One staff member said, "You have to respect people. You ring their doorbell and wait."

Staff told us how they supported people's independence and tried to meet their individual needs. One person told us, "They try to support me. I get help with cooking. I am learning." People were also supported to budget their own money as far as possible. A staff member told us, "Its improving. People are encouraging residents to do more independently. For example, washing their sheets each week."

People were supported to develop independent living skills and to achieve goals. An external health professional commented on how the support in the service had improved saying, "The staff team seem to have a much better understanding about [person] and how to encourage them."

There were policies and procedures for staff about caring for people in a dignified way and 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. Information about each person was stored securely and confidentially. People had been asked to consent when information had to be shared with others, for example, with healthcare professionals.

People's support plans addressed their cultural and religious needs. One person told us that they regularly attended their place of worship. Their support plan addressed how important this was to them and outlined the support provided by the service to make sure this continued to happen.

Is the service responsive?

Our findings

At our last inspection in June 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

Many people told us that they were independent and were able to access activities by themselves. Support plans showed that the service supported them to access education, engage in activities and be part of the wider community. One person said, "We play games. I go to college. We have BBQ's." Another person told us, "If I have enough money I go out. I like watching TV. They have trips out with the people living around the corner." A third person commented, "We chat. We go to a deaf club."

Support plans were personalised and gave clear information about how to best support the person, how they communicated, their daily routines and relationships along with their goals for the future. Each person had an allocated key worker who monitored their wellbeing and took responsibility for ensuring their care and support needs were being met. One person told us, "She's [the key worker] a nice woman. We discuss things." People were involved in setting their own goals to achieve based around their personal interests and life skills they wished to learn. For example, goals seen included learning independent living skills, accessing college courses, finding employment and going to see a football team play. The goals were regularly reviewed by the person and their key worker to make sure they were getting the support they needed. Electronic records were kept to help track progress in achieving them. One person commented, "It's good preparation for independence."

The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. NHS and publicly-funded adult social care services are legally required to comply with this standard.

In line with the Accessible Information Standard, people's care records included details about their preferred methods of communication, for example, whether this was pictorial, written, Easy Read, or BSL. Care records were accessible, personalised and included important information about people's lives and backgrounds. Accessible person-centred support plans gave information about what people were like, their strengths and the things that were important to them. Pictures and photographs were used to illustrate the plans and each gave good information about how each person liked to be supported.

It was noted that people's records varied as to how up to date they were. This was discussed with the registered manager who was aware of this and had taken action to address this inconsistency, caused by the shortage of permanent staff acting as key workers.

Information was shared by staff through daily notes, verbal handovers and team meetings. Daily notes were completed for each person including their activities, wellbeing and if there was any change to their needs that staff needed to be aware of. Staff handovers were used to share information about changes in people's needs. We saw team meetings were also used to discuss people's individual needs.

The service had a procedure in place to manage any concerns or complaints which was accessible to people, their relatives and other involved stakeholders. People told us they felt able to talk to a member of staff or the registered manager if they had a concern or complaint. One person told us, "If I have a problem I will talk to staff confidentiality. I let them know and we have a discussion." Another person said, "I speak to the deputy. She's good." Electronic records were kept of any complaints and these were audited as part of the organisation quality assurance programme.

People were supported to express their end of life wishes and this had been facilitated through an external advocate. Each care file included a detailed 'My end of life plan' accessible form which included people's funeral preferences, religious needs and who they would like to attend.

Is the service well-led?

Our findings

At our last inspection in June 2017, this key question was rated as 'Requires improvement'. This was because the provider did not notify the Care Quality Commission (CQC) of a safeguarding allegation as required by law. Quality assurance checks also required improvement. At this inspection, we found the necessary improvements had been made and this key question is now rated as 'Good'.

There were procedures for reporting any notifiable 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.

People using the service said they liked living at Harding House. One person said, "I like the home. I like the deaf culture here." Another person said, "I like living here. I have been here a long time." A third person said, "They're alright here." The staff members spoken with said that they felt the quality of care for people was of a good standard and they had no concerns about the service being provided.

A registered manager was in post at the time of our inspection. They managed Harding House and another CQC registered service located nearby, Huguenot Place. They were supported by a deputy manager for the service and senior support staff. People and staff told us that they found the management team to be approachable and supportive. One staff member said, "They are very supportive."

There were systems to regularly audit and update information. Scheduled audits were carried out to monitor the quality of the service and to identify how the service could be improved. The registered manager and staff carried out checks on areas such as the medicines, the environment, health and safety and of care records. For example, care files we looked at had evidence of audits to make sure the information was up to date. Records of checks on medicines were also available.

A 'Making it Real' action plan had been produced for Harding House with the involvement of three people using the service. This addressed accessible information, communication and involvement. 'Making it Real' is a framework which organisations can use as a way of helping them to check and build on their progress with personalisation, and as a way of letting others know how they are doing, especially their local community and the people they support.

Feedback from people using the service had been used to look at what was working and not working within the service. For example, this highlighted the difficulties with recruitment of staff and key working systems not working well enough. Positives recorded included the success of activities held during the World Cup and the increased involvement of people in making decisions about the home. Action plans were in place to address the areas identified as 'not working'.

The registered manager also held regular 'have your say' sessions with people using the service. These were tailored individual meetings to give people an opportunity to feedback on the support provided, their satisfaction with staff and anything they would like to see improved. An accessible document was produced

using pictures and photographs to summarise the outcomes of the session.