The Royal National Institute for Deaf People

# RNID Action on Hearing Loss Ashley Phoenix Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on the 17 June 2016 and was unannounced. When the service was last inspected in July 2013 there were no breaches of the legal requirements identified.

Ashley Phoenix Home is registered to provide accommodation for eight deaf or deaf/blind people who may need additional support for conditions such as autism, learning or physical disability or their emotional development. At the time of our inspection there were eight people living at the service.

A registered manager was in post at the time of 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.

Risk assessments relating to the health, safety and welfare of people were reviewed regularly. The risk assessments did not indicate that there had been a close liaison with the person or their representative when carrying out the risk assessments. This is essential to achieve outcomes that matter to them. The family members we spoke with felt fully involved in the level of care provided to their relative. The registered manager acknowledged the need to demonstrate in their records the person's and their representative's involvement in the risk assessment process.

People who used the service were unable to tell us of their experience of living in the house. We found that people's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was documentation related to a service user's capacity to make decisions and how to support a service user when there was evidence that they lacked capacity to make informed decisions.

Staff endeavoured to keep people safe because they understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

There were enough staff on duty to meet people's needs, both within the home and when people wished to go out. Staff we spoke with felt the staffing level was appropriate. The provider's recruitment procedures helped ensure that only suitable staff were employed to work in the service

People's medicines were managed safely. People were supported with their medicines by staff and people had their medicines when they needed them.

Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated an understanding of the needs and preferences of the people they cared for. Staff treated people with respect and supported them in a way that maintained their privacy and dignity.

People's individual care plans reflected the most up to date care people required. Care plans were person-centred and focused on the individual and their specific needs. People had access to a wide range of activities which were both individualised as well as being meaningful for people.

There were systems in place to assess, monitor and improve the quality and safety of 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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

### Is the service effective?

Good

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

### Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences.

People maintained contact with their family and were therefore not isolated from those people closest to them.

## Is the service responsive?

Good

The service was responsive to people's needs.

People received personalised care and staff supported people with their activity choices.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

People maintained contact with their family and were therefore not isolated from those people closest to them.

## Is the service well-led?

Good

The service was well-led.

To ensure continuous improvement the Head of Service conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Staff felt supported by the registered manager.

People were encouraged by the provider to provide feedback on their experience of the service.

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**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.

The inspection took place on 17 June 2016 and was unannounced. The last inspection of this service was in July 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with four members of staff, the deputy and the registered manager. Following the inspection we also spoke with five relatives.

The people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Good

# Is the service safe?

## Our findings

Risks to people were assessed regularly and where required a risk management plan was in place to support people to manage an identified risk and keep the person safe. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There was clear guidance for the staff to follow to minimise the risks and to prevent harm. These included assessments for the person's specific needs such as support in the home, managing challenging behaviour, prevention of self-harm, travelling in vehicles and holidays abroad. Examples included of how to keep a person safe when they went on holiday. Potential hazards were identified and control measure instructions were provided such as the need for staff to be present at all times. The person should have on their presence their name and contact details. Practical instructions were also detailed enabling the person to be independent, as far as possible when undertaking household tasks.

The risk assessments did not indicate that there had been a close liaison with the person or their representative when carrying out the risk assessments. This is essential to achieve outcomes that matter to them. The family members we spoke with felt fully involved in the level of care provided to their relative. The registered manager acknowledged the need to demonstrate in their records the person's and their representative's involvement in the risk assessment process.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing levels were appropriate. There were sufficient staff to help people. We observed people having 'one to one' time with staff and being supported to go out. The registered manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service. If this was not possible the deputy of registered manager would provide the necessary cover. The service currently had one full time support worker vacancy and they were undertaking a recruitment drive to cover this post.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups

such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Medicines were checked into the home and were recorded appropriately. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

We saw that PRN medicine plans were in place. PRN medicines are commonly used to signify a medicine that is taken only when needed. Care plans identified the medicines and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Incidents and accident forms were completed when necessary and reviewed by the manager. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. Through the staff handover, staff were notified of each incident when they occurred; what happened; how it was dealt with; and what staff needed to be aware of for the next shift and future strategies.

People were cared for in a safe, clean and hygienic environment. Each staff member was allocated daily cleaning duties and the service was well maintained. Daily notes highlighted the cleaning routines undertaken. These were periodically checked by the manager who took great pride in the environment of the service. At a recent audit conducted by the Head of Service he stated; "the home was spotless and a credit to the home."

Good

# Is the service effective?

## Our findings

The provider had an induction process which incorporated the Care Certificate guidelines. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection there was one member of staff who had been employed recently and had just completed the Care Certificate. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in handling and administration of medication, fire safety, first aid and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as Management of Actual or Potential Aggression (MAPA). Although not extensively used by people all staff were required to have knowledge or learn British Sign Language (BSL). The training matrix indicated that some staff members required training updates on MAPA and medication.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as the people that staff support, what was working well and not so well. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon. Staff we spoke with felt well supported by their training and supervision programme.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in a service from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered the DoLS application process involved family members, staff members and a mental health capacity assessor.

Staff told us they had completed Mental Capacity Act 2005 (MCA) training. They understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices.

We made observations of people being offered choices during the inspection, for example what activities

they wanted to undertake during the day; what food they would like; and providing the option of getting involved with the food preparation. Where a person was unable to communicate and to enhance their understanding of the person's requirements staff utilised a number of techniques such as using signs that the individual understood and using tactile symbols. Depending on the specific issues such as medication and care plan reviews decision making agreements involved the appropriate health professionals, staff and family members.

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing their own menus, food preparation and cooking. People's preferences for food were identified in their support plans. Records of special diets, such as diabetes, were detailed and people were seen to have these needs met.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. There was a health action plan in place for each person that recorded their health needs and any guidance or appointments relating to healthcare professionals.

Good

# Is the service caring?

## Our findings

Our observations and feedback we received showed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff communicated with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans. They took people out, helped with chores and spent one-to-one time with people. Where one person appeared distressed the member of staff was calm and provided reassurance and this allayed their distress.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's communication needs in a caring way. For example, one person's plan advised that the person communicated using various methods. This varied from taking staff by the hand and leading them places to getting an object of reference. Staff were instructed to encourage the person to sign their needs using British Sign Language (BSL) or hands-on sign language. And they should repeat a sign several times in order for the person to understand. Staff demonstrated a sound understanding of the person's communication needs and we observed that they followed the principles of the plan when communicating with the person. Staff we observed were patient and fully engaged with the people they were caring for.

People's privacy and dignity was maintained at all times. Staff told us they always considered the person's privacy. One member of staff provided examples of how people preferred their personal care routine to be conducted and told us they encouraged people to be independent, as far as possible. An example of this was one person's shaving routine. They would undertake the task independently but required staff assistance on the neck and chin. This enabled the person to undertake tasks themselves and request personal care needs, where required.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such the person's preferred morning and evening routines.

The staff members enabled the people who used the service to be independent, as far as possible. When they spoke about the people they cared for they expressed warmth and dedication towards the people they cared for. People were provided with activities, food and a lifestyle that respected their choices and preferences.

People were encouraged to maintain links with their friends and relatives. Relatives praised the level of service provided to people. Relatives comments included; "[person's name] is very comfortable and happy. We get Christmas presents for us and our children. We've developed a relationship with the staff and the registered manager. They came to our silver wedding anniversary. They had a birthday party for [person's name] 50th. They had a themed sixties event and the family were invited"; "They're first class in every way. They keep in contact. They bring her home for family visits. It keeps the family together"; and "They're brilliant. It's a lovely place and we see her every eight to ten weeks. She's always smiling. They're part of my

family as I've know them for so long. They love [person's name]."

People had their bedrooms furnished to their own individual taste and reflected their choices and lifestyles. This included the choice of furniture, colour of bedroom, choice of wallpaper, tactile designs and optional projector lights. The service also had a small private patio garden which was well maintained with raised beds and a seating area. The registered manager told us that people helped in the garden. It is an area where people can sit and relax and in the summer people have barbeques.

Good

# Is the service responsive?

## Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the home and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. A formal care plan review was held once a year and if people's care needs changed. Reviews included comments on health and medication, relationships, communication, activities and the person's goals for the next year. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Feedback from a heath professional following an annual review stated; 'I hope [person's name] continues to thrive and would lie to thank you for your support over the years. [person's name] is so much calmer and relaxed."

One person expressed challenging behaviour. There were behaviour plans in place which identified potential triggers and control measures that staff should use if an incident occurred. This included maximising space and dis-engaging briefly until the person is open to communication. The staff were also instructed to offer alternative activities. Behaviour reports were completed. The reports acted as an observational tool that enabled the service to record information about a particular behaviour. The aim of using a behaviour report is to better understand what the behaviour is communicating and incorporate strategies on how best to deal with challenging
behaviour. There was evidence that strategies had been implemented, monitored and reviewed to ensure that staff adopted the most appropriate de-escalation techniques. The technique adopted resulting in the behaviour being effectively managed and responsive to the person's needs at that time. Staff demonstrated a sound understanding of the person's needs and the required techniques. One member of staff told us that due to the adopted strategies the person had not expressed any challenging behaviour "for a considerable period." This was evident from the person's records.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them.  For one person this included having contact with their family and loving music. An action plan was implemented to enable the person to maintain contact with their family and engage in the activities they liked to attend such as attending concerts.

People undertook activities personal to them. The service knew people well and were responsive to their needs. People had access to a wide range of individualised, meaningful activities. On the day of our inspection people were engaging in different activities such as drawing, going out to the local shops, going to the Jacuzzi, helping with household chores and having one-to-one time with staff members. People also engaged in other activities such as gardening, swimming, holidays abroad, knitting club and family visits.

The service had a large arts room for people to access at any time.

People maintained contact with their family and were therefore not isolated from those people closest to them. Family members were encouraged to visit regularly and people were enabled to visit their families. Relatives we spoke with felt the service kept them well informed about their relative's welfare. The feedback regarding the staff and their understanding of their relative's need was really positive. Comments included: "[person's name] is very comfortable and happy. Their communication skills have got better and concepts of time have improved. They make sure she does special things"; "I attend reviews. They discuss care and level of care, goals and objectives. We're fully engaged"; and "I speak to the registered manager regularly. She is excellent. The staff are all very good and helpful."

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

The provider had systems in place to receive and monitor any complaints that were made. The service had not received any formal complaints in the last twelve months. Relatives told us they knew how to raise a complaint, if required.

Good

# Is the service well-led?

## Our findings

Through regular care plan and best interest meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities.

The service produced a monthly newsletter which was sent to family members. It highlighted the diverse activities people engaged in. In the most recent newsletter one person had been bought a massage pad to help them relax. Activities included; rock concerts, beach trips, cinema, a trip to a musical, museum visit and going out for food. Staff also sought ideas from family members which made them feel involved.

Staff told us they felt well-supported by their manager. One member of staff told us; "We do as much as we can to enrich people's lives. We're listened to and our ideas are listened to." When we spoke with staff they were all enthusiastic when describing their role and responsibilities. We observed staff encouraging people to be as independent as possible and staff team members supported each other. There was a real team spirit and we observed the deputy and registered manager providing support, where required. There were methods to communicate with staff about the service. The registered manager held regular staff meetings. Minutes of the meetings demonstrated that items discussed included 'people we support' and new issues that staff needed to be aware of, such as the need to provide more detailed daily notes.

There was a well-organised shift plan in place which meant staff knew who was responsible for particular tasks each day. Communication books were in place for the staff team as well as one for each of the individuals they supported. We saw that staff detailed the necessary information such as the medication up-dates, travel requirements, tasks that have been undertaken and needed to be progressed. This meant that staff had all the appropriate information at staff handover. Staff were required to read the communications book for the service and the individuals.

To ensure continuous improvement the Head of Service conducted regular compliance audits. They reviewed issues such as; health and safety, incident and accident reports, risk assessments, fire safety, maintenance and the environment. The observations identified good practice and areas where improvements were required. Examples of this included the requirement of the management team to ensure that all old versions of policies, risk assessments and action plans should be removed and be replaced with the new up-to-date versions.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.