

The Royal National Institute for Deaf People RNID Action on Hearing Loss Roper House

Inspection report

St Dunstons Street
Canterbury
Kent
CT2 8BZ

Tel: 01227462155
Website: www.actiononhearingloss.org.uk

Date of inspection visit:
04 December 2019

Date of publication:
08 January 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

RNID Action on Hearing Loss Roper House is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 27 people. Roper House can support up to 23 people in the main building and four people in individual flats in a separate wing. There was a number of communal areas, a large garden and areas where people could take part in activities.

People's experience of using this service and what we found

People told us they were safe and well cared for by staff. Staff knew people well and could communicate effectively with people. People were encouraged and supported to remain independent. People went out independently to shop or meet friends. People who wished to could do their own laundry and make their own meals or snacks in a separate kitchen and laundry room.

People attended regular meetings where they gave their views on the service and any changes. People had decided on the colour schemes for areas of the service as it was redecorated. They had also been involved in designing the garden. People's hobbies and interests were supported. Staff supported people to develop and maintain relationships with friends, family and romantic partners.

Risks to people were assessed and they were involved in planning how to manage them. People took part in regular evacuations, so they would know what to do if an emergency occurred. People could manage their own medicines if appropriate. People were supported by staff who were recruited safely and had the skills and support to meet their needs.

Staff advocated for people to ensure they had interpreters to attend health appointments. Referrals were made to health professionals when required and any advice received was recorded in people's care plans. People had end of life care plans which detailed what would make them feel safe and comfortable when they were unwell.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was open and transparent, with a focus on involving people in decisions about the service. Regular audits were used to monitor the quality of the support given, action was taken quickly when shortfalls were identified. Staff worked with a range of other professionals to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

RNID Action on Hearing Loss Roper House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector who was supported by two British sign language (BSL) interpreters.

Service and service type

RNID Action on Hearing Loss Roper 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including, the registered manager, deputy manager, senior care workers, and care workers.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to take action to ensure water temperatures were within safe levels. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had checked water temperatures on a monthly basis. Valves had been fitted and adjusted correctly to ensure that temperatures were at a level which did not pose a risk of scalding to people.
- When possible, people were involved in assessing and planning how to manage risks. For example, when people went out without staff support they had agreed with staff how they would call for help if needed.
- People's risk assessments gave staff the guidance required to keep people safe. There was step by step information for staff, for example in relation to helping people to move or health needs. People were involved in regular fire evacuations including using slide mats to travel down stairs, so they would be used to it in the event of an actual fire.
- One person told us, "The staff do try to keep me safe. They always remind me to use my stick and the handrails."

Using medicines safely

- At the last inspection we found that all staff had access to medicines including medicines with special storage requirements. The registered manager had made changes and now only medicines trained staff could access keys to the medicines room.
- People were able to manage their own medicines if they wished to and this was assessed as safe. Staff checked with people who self-administered medicines to ensure they were managing well.
- People's medicines were administered by trained staff who had their competency assessed annually.
- People's medicine records gave staff a detailed description of how people liked to have their medicines. Records were complete and accurate.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to stay safe. One person said, "We talk about bullying and how bad it is. We know we can talk to staff and can call the police if people bully us."
- Staff had received training in safeguarding and could tell us the types of abuse they may encounter. They

could also tell us the signs they may see if someone was being abused and who they would report concerns to.

Staffing and recruitment

- People were involved in the recruitment of new staff. As part of their interview potential staff would be supported to meet people and have a chat. People could then give their views of the person, which would be taken into account.
- The provider used effective processes to ensure staff were suitable to support vulnerable people. This included, references from previous employers and a Disclosure and Barring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.
- Staffing levels were based around people's assessed needs and activities. The registered manager told us they had flexibility in the levels which could be increased if someone were unwell and needed more support.
- Staff responded to people's needs quickly and people did not have to wait for support. There were always staff available in communal areas and people were supported by staff to go out when they wished to.

Preventing and controlling infection

- Staff understood the need for infection control and told us about how they used gloves and aprons where appropriate.
- When people had conditions, which gave them an increased risk of infection such as being fed by a tube. Staff understood how to minimise the risks and when to seek support from a medical professional. This was also recorded in people's care plans.

Learning lessons when things go wrong

- The registered manager had recognised there had been a number of medicines errors. A review of the processes followed by staff was completed to try and improve this. A new system was developed splitting the medicines rounds between two staff, one for each floor. Additional checks were also added. As a result, medicines errors rarely occur and are recognised quickly when they do.
- Accidents and incidents were reviewed for learning and people and staff were encouraged to be involved in looking for ways to reduce these happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving to the service and reviewed regularly. Assessments detailed people's support needs and preferences. They also took into account any protected characteristics under the Equality Act (2010). This included people's sexuality and religion.
- People's assessments were completed using nationally recognised tools for risks relating to skin integrity and malnutrition.
- People's support was developed in line with good practice, including positive behaviour support (PBS) plans for people whose behaviour could challenge.

Staff support: induction, training, skills and experience

- Staff told us they had regular support and training which helped them to carry out their role. People told us staff knew what they were doing.
- Staff training included core subjects such as safeguarding and first aid. They also completed training relating to people's specific needs. For example, diabetes, dementia and all staff were trained in British Sign Language (BSL) which was the primary means of communication for most of the people at the service.
- When staff began working at the service they had an induction which included core training, competency assessments and working alongside experienced staff to get to know people. They worked through a comprehensive programme which was signed when completed by them and their line manager.

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

- People were supported to have a balanced diet which met their needs. The chef joined resident's meetings to get people's views on the food and hear any requests for meals.
- People could not access the main kitchen. However, an additional kitchen was available for people to use to prepare their own drinks, snacks and meals. People were encouraged to use the kitchen on a regular basis. People who were less independent were supported to use the kitchen for baking or to make a meal.
- People told us they enjoyed being independent and cooking their own meals.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs. Corridors were wide enough for people using mobility aids to use easily. Hand rails had been added in corridors for people to use.
- There was appropriate signage which supported people to move around the service. A lift and stair lifts were available to ensure people could access all areas of the service.

- Any redecoration was done based on people's choices. Everyone was asked for their views and these were taken into account.
- Staff had recognised that more people in the service were living with dementia. In line with good practice they had agreed with people to decorate areas of the service as 'zones' using different colours to help people recognise where they were.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff helped them to stay well. One person said, "They always encourage me to call the doctor if I am unwell. They check on me and make sure I am ok."
- Staff had made referrals to health care professionals when required and any advice received was recorded in people's care plans.
- Staff advocated for people and challenged health professionals to ensure that people had access to a BSL interpreter for health appointments. The registered manager told us, "The staff could translate, but people are entitled to communicate with a health professional directly. They should have the chance to see a doctor without staff if they want."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People told us that staff gave them choices and encouraged them to make decisions for themselves. One person said, "They help me find out all the options, but I decide."
- When required capacity assessments had been carried out in relation to specific decisions for people. For example, in relation to staff managing their medication or consenting to a medical procedure.
- When people lacked the capacity to make a decision, people who knew the person well were involved in making the decision in the person's best interest.
- When required DoLS authorisations had been requested. When authorisations were in place the registered manager had a record of when they were due for renewal to ensure applications were made in a timely fashion.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and made them laugh. Staff knew people well and could tell us about their needs and what they enjoyed doing.
- One person became upset, staff immediately went to sit with them and ask why they were upset. Once staff found out the reason for the upset, they reassured the person and distracted them by talking about the person's plans before Christmas. Other staff continued supporting the person in the same way and within 30 minutes the person was dancing with staff and smiling.
- People were supported to attend Church services if they wished and staff were aware of their beliefs.

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

- Staff encouraged people to give their views of their care and to make decisions. Regular meetings were held where people were involved with decisions about the service.
- People and their loved ones were involved in planning their care and were kept well informed about any changes at the service.
- One person had a birthday coming up and they were planning with staff how they would like to celebrate and the type of cake they would like. The staff member suggested to the person they could make the cake together. The person was very happy with this and told us how they would share the cake with all their friends.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to maintain their independence. People went out independently, staff supported them to arrange taxis or other transportation. One person said, "Yes I go out on my own whenever I want. I do my own shopping and see friends."
- The service had an industrial washing machine and drier which was used by staff. In a room next to this was a standard washing machine and drier which people could use independently whenever they wanted. People told us this was important to them.
- Staff promoted peoples' privacy and dignity. When people wanted to speak to the inspector staff explained to other people that it was a private meeting.
- Staff ensured that people were covered when they were being supported with personal care or being hoisted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a person-centred way by staff who knew them well and this was reflected in their care plans. Care plans were detailed and included people's life history alongside their needs and preferences.
- People's care plans were reviewed regularly and updated when required. People told us they knew what was in their care plans and had been involved in developing them.
- Staff ensured that people had the support to communicate their choices and to take control of their day to day life. All support was designed to give people the time they needed to understand choices and make decisions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in a range of formats. Staff used BSL to communicate with people and arrange interpreters for people. When people had a dual sensory loss, staff used hands on signing or finger spelling of words into the persons hand.
- Staff also used other tools to support communication such as pictures or objects of reference. Each person had a communication care plan which detailed all the ways they wished to communicate.
- People were supported to use technology such as virtual assistants to communicate their needs or promote independence.
- Some staff at the service were deaf. Staff told us, "We challenge hearing staff if they don't sign and we are supported to do that. It is important we can all understand what is going on."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain relationships with friends and relatives. Some people had developed romantic relationships with another person living at the service. Staff supported this and told us about the joy this had brought to people's lives.
- People were supported to take part in activities and hobbies which they enjoyed. One person loved model trains and had their own shed in the garden which had been designed around their mobility needs. The maintenance staff had made a station sign including the person's name, which staff told us the person loved.

- Staff helped people put on regular social events and parties. One person liked to do puppet shows. The activity co-ordinator had helped the person adapt a cuddly toy into a puppet. The person put on a show for the inspection team and told us they enjoyed making people laugh.
- People attended local groups and community activities at local churches or community centres.

End of life care and support

- People could stay at the service until the end of their life if the service could meet their health needs. Staff worked with the local hospice and community nurses to make this possible.
- People had end of life care plans which detailed what was important to people. These were detailed and reflected the person's personality and wishes. They included who the person would like to be with them and how they would want to be cared for.
- When people had been reluctant to speak about their end of life care staff had found other ways to gather the information. For example, one person became very distressed when talking about dying. Staff had spoken to them instead about how they would like staff to support them if they became unwell and needed more support. The person had been willing to talk about this and it had been used as the basis of their end of life care plan.

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection. People told us they knew how to complain and that they would be listened to. The registered manager told us, "We encourage people to talk about things they are unhappy about and to have a say in any changes which has led to less complaints."
- The complaints procedure was available in a range of formats and was displayed in the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider failed to effectively assess, monitor, record and improve the quality of service to people this was a breach of Regulation 17 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager supported by the deputy manager completed a range of audits which monitored the quality of care provided. Any shortfalls were identified, and actions were taken quickly to resolve them. For example, during a review of fire evacuation processes it was identified that the evacuation chairs in use were not suitable. The registered manager investigated a replacement and introduced slide mats which people were then supported to practice using.
- The provider maintained oversight through audits completed by the area manager. These formed the basis of an action plan to drive improvement. People were informed through meetings and easy read information about planned changes to the service and any learning.

At the last inspection the provider had not notified the Commission of an incident referred to and investigated by the police. This is a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had submitted notifications to CQC when required and in a timely fashion.
- Services are required by law to display the rating of the previous inspection. The rating was displayed in the entrance hall to the service and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed an open and inclusive culture. People and staff told us that they could give their views and ideas, and these would be listened to.
- The service had been left some money and the registered manager had met with people to get their views on how it should be used. People had agreed they would like the garden landscaped. They decided on the type of sensory areas they would like and met with local gardeners to see their plans. A plan was chosen, and work starts in January 2020.

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

- People were invited to give their views via regular meetings and surveys. Surveys were completed at both a local and provider level. Any issues raised were addressed by staff. The outcome of the surveys and any action taken was shared with people.
- Surveys and meetings were delivered in a way which took into account people's communication needs and preferences. People who did not want to attend meetings were consulted individually.
- Staff told us they could give their views in team meetings and supervisions. They told us their views were respected and taken on board.
- People were supported to be an active part of their local community. They told us they had recently held a bake sale in front of the service to raise money for activities. They told us all the staff joined in and they all wore their pyjamas.

Continuous learning and improving care

- The registered manager was focussed on driving improvement at the service. The registered manager attended local forums and shared learning with the staff team. For example, staff had reviewed everyone's oral care plans following a recent report from the CQC to ensure their care plans were written in line with current guidance.
- Peoples' daily notes had been recorded in a different way to ensure the appropriate information was recorded for each person. This also took into account legislation about management of people's information.

Working in partnership with others

- Staff worked with other agencies to meet people's needs. A range of health professionals visited the service, including district nurses, speech and language therapists and occupational therapists.
- When people were admitted to hospital staff kept in touch with hospital staff to ensure people were being supported to communicate effectively. They also ensured any changes to people's needs were assessed and added to their care plan before they returned.