The Royal National Institute for Deaf People

RNID Action on Hearing Loss Apollo House

Inspection Report

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Overall summary

Apollo House is a community based service which provides personal care to people who are D/deaf or hard of hearing. The word Deaf (with a capital D) is used to denote an individual whose first language is British Sign Language (BSL), while the term D/deaf, now widely recognised by care service professionals, refers to everyone with a hearing loss: Deaf, deaf, deafened and hard-of-hearing. This will be used throughout the report. People who are supported by Apollo House live in the same complex of flats. Not all the people who live there have personal care services provided by Apollo House. At the time of this inspection three older people were receiving personal care and support from the service. The calls were undertaken at set times during the day. All the people who received support from the agency were D/deaf or hard of hearing. People's first language was British Sign Language.

People explained they were happy with the care support they received and that privacy and respect was observed by the staff.

We found that people were involved in decisions about the care and support they received. We spoke with staff and saw they understood people's care and support needs. We observed staff were kind and thoughtful towards people and treated them with respect.

We saw that staff had skills and knowledge to support the people at Apollo House, which included being trained to British Sign Language (BSL) level 2. When supporting people, for example, staff asked them what they wanted them to do when supporting them.

People spoke positively about the range of activities available when this was identified as required as part of their support plan.

Records showed that the Care Quality Commission had been notified, when appropriate and, as required of the incidents that could affect the health, safety and welfare of people who used the service.

There is currently no manager at Apollo House. The previous manager left in February 2014.

We looked at the care records for all three people who used the service. We found there was information about the support those people required and it was written in an individual way. We confirmed with people that the support they wanted was detailed in the plan. This meant that needs and preferences of each individual were included in the plan and staff planned care and support around them. We saw that these records were reviewed quarterly with a full review annually. Plans were reviewed more frequently when needed.

We saw the employment records for three staff members. These showed that good recruitment practices were in place and that pre-employment checks had been completed. These included obtaining references from previous employers and undertaking a check to ensure staff were fit to work with vulnerable people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?
The service was safe because they had the correct systems in place to manage risks, safeguarding matters, staff recruitment and this ensured people's safety. People were supported by staff on a one to one basis as detailed in people's individual support plan. We saw staff recruitment was good and all appropriate checks had been undertaken.

Are services effective?
The service was effective as staff ensured people's needs and preferences regarding their care and support were met and they knew the people they supported well. Staff had up to date training and supervision in place and this was focused on the needs of the people who used the agency.

Are services caring?
The service was caring because staff had the right approach and people and their relatives were all positive about the care and support given. People had their privacy and dignity respected.

Are services responsive to people's needs?
The service was responsive, as people had their care and support needs assessed and kept under review and staff responded quickly when people's needs changed. Although no complaints had been received recently, a system was in place should the need arise.

Are services well-led?
This service requires improvement because there was currently no manager at this service. The previous manager left in February 2014 and no decision had been made at the time of this inspection as to how this would be addressed in the future. The service was led by the deputy manager. Also although some audits had been completed the "new" system was not fully operational. This meant that a full overview of the service was not readily available to the deputy manager. There were sufficient staff to meet people's needs and they had appropriate skills and knowledge to support the people who used the service.

Summary of findings

What people who use the service and those that matter to them say

People who used this service were either D/deaf or hard of hearing. Their first language was British Sign Language (BSL). The inspector had a knowledge and understanding of British Sign Language and was trained to BSL level 2. Due to people's language needs, the deputy manager undertook translation for the inspector. Due to the complex needs of the people who used the service they were sometimes unable to respond to the questions we asked about the care and support they received. However, we could discuss with them what they liked to do and what they had done recently.

We asked about the staff that supported them. They explained: "The staff are nice and help me with things I need support with", "The staff are very good" and "The staff are nice."

People explained they were involved in their care plans. They explained: "I told staff what I needed help with and they wrote it down", "I told staff what I want to do" and "I told staff I needed a bit of help."

We asked if they had any complaints about the service, and they all confirmed they were happy with the support that was provided by the agency. They explained "I am happy here", "Everything is fine" and "I don't have any concerns."

We spoke with one relative who said "My relative is happy with the support from the agency. They are alright."

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Detailed findings

Background to this inspection

We visited Apollo House on 28 April 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot the new inspection process under Wave 1.

This inspection was carried out by an inspector who had a knowledge and understanding of British Sign Language (BSL) and was trained to BSL level 2.

This service currently provides support for three people who use British Sign Language as their first language. People who use this service are either D/deaf or hard of hearing.

We spent time signing with people who used the service and saw some interactions between staff members and people who used the service. We visited each person who used the service in their own homes. We also spent time at the registered and satellite office (which was in the building where people lived) looking at records which included support plans and records relating to the management of the service.

Before our inspection, we reviewed the information we held about the service. This included reviewing notifications that had been received from the deputy manager. We saw that we had been notified in a timely manner about a safeguarding referral undertaken.

On the day of our inspection, we signed with three people who used the service. We also spoke with the deputy manager and other members of the staff team.

The last inspection was carried out in August 2013. At that time we found all areas we reviewed were met.

Are services safe?

Our findings

We looked at the staff rotas over the last four weeks, which showed the staffing levels at the service. We saw that three staff supported the three people who used the service. The deputy manager confirmed these staffing levels currently met the needs of the people. The deputy manager confirmed that they were able to cover shifts for holidays and sickness with staff who were prepared to undertake overtime. They also said that they had relief staff who knew the people who used the service well and they also covered some shifts when necessary.

During the inspection we saw good staff interaction with the people who used the service. People decided what support they required and staff encouraged them to do as much as they could for themselves to help promote their independence.

We saw that Apollo House had a safeguarding adult's policy and procedure in place. One safeguarding referral had been made by the service since the last inspection. We saw documentation that showed appropriate action was taken and that people who used the service were safeguarded from abuse. Staff told us they received training in safeguarding vulnerable adults and records confirmed that staff had undertaken this training. Therefore staff were aware of what to do if they suspected abuse was taking place. We spoke with staff who were able to tell us the right action to take so that people were protected.

We looked at the recruitment records for three staff members and spoke with staff about their recruitment experiences. We found that recruitment practices were safe and that relevant checks have been completed before staff worked unsupervised at the service. Therefore people were protected from staff who were known to be unsuitable.

We looked at three support plans and risk assessments and found that these were well written and were reviewed regularly. All risk assessments were in pictorial format which helped people to understand them. Risk assessments had been completed for areas such as having support at home, mental health behaviour and attending medical appointments. For example within the risk assessment for people who needed support at home it was necessary to ensure the staff member was trained to British Sign Language (BSL) level 2, to enable them to communicate effectively with the person who required support. Another example was attending medical appointments. In this case a person would be required who was qualified to interpret in a medical situation to ensure that accurate information was given both to the person who used the service and the person from the medical profession. We also saw documented that one person preferred morning appointments. We saw that this had been acted upon and their preference adhered to. Therefore staff took into account peoples preferences and had access to up to date information about the people they supported.

Are services effective?

(for example, treatment is effective)

Our findings

We saw that people had their needs assessed and that support plans had all the information needed for staff to support people who used the service. The plan was written after they had had an assessment. This set out what their care and support needs were, how they would be met and what services they would receive. If people needed specialist advice this was sought initially through the persons GP. The care log sheets provided current information about people's support needs and their day to day well-being. Staff signed the record after each visit and said that they looked back at these records on each visit, to check what had been happening with each person they supported.

We saw that support plans gave detailed information on what support or prompt was required. For example one person's plan stated "I can get dressed myself but I need help with buttons." All the plans we saw had pictures included so that people could understand what each part of the plan referred to. For example a picture of a medicine bottle and tablets referred to information on support required with taking medication.

Some people confirmed they had support with taking their medication. One person signed "Staff make sure I take the right medication at the right time."

The deputy manager explained that on occasions people had the support of a local advocacy service. The service used is the East Lancashire Deaf Society. They have staff who are able to support people who are D/deaf or hard of hearing. The deputy manager explained people had used the service in the past but currently no one was using it.

We spoke with three staff who were knowledgeable about the people they supported and what support was required to meet their needs. One staff member explained that as they only had three people to support they got to know them well. People were called by their preferred name which was also documented within the care plan which helped ensure their and dignity and choice was upheld.

Newly recruited staff had undertaken the induction process at Apollo House. The induction workbook was based on the common induction standards and included information about the induction programme, workbook process and future learning. The deputy manager said that this was usually completed within 12 weeks. Staff confirmed they had undertaken the induction process and that they had found it useful.

We were told that staff meetings were held regularly each month and the last one was in March 2014. We saw that minutes were kept of the meetings. Staff confirmed they attended the meetings. Area team meetings were held quarterly with minutes kept, which the inspector saw.

Staff confirmed that they had regular supervision sessions with their line manager. They also confirmed they attended the weekly planning meetings to plan the week ahead. Staff also said they had undertaken an annual appraisal meeting. Documents we saw confirmed these took place. These sessions gave staff the opportunity to discuss their work and future training requirements. Staff we spoke with confirmed they found them useful.

Staff had access to a wide range of training that included manual handling, fire safety, first aid, diversity awareness and safeguarding adults. Other courses included medication, autism awareness, epilepsy awareness and understanding learning disabilities. All staff had to be trained to British Sign Language level 2. We saw certificates of courses undertaken on staff files. Staff said "The training is good here."

Are services caring?

Our findings

We spoke with three people about how they preferred to receive their care and support. They explained that they told the staff about their preferences, and that often this was undertaken in an informal way. People we asked commented on the kindness of the staff at Apollo House. We saw some interactions of staff with people who used the service and there was friendly banter between them. People were comfortable and at ease with the staff team.

We saw that people's preferences, interests and diverse needs had been recorded in the support plan and had been provided in accordance with people's wishes. For example in one support plan there was a picture of a plated meal and a microwave, to help explain how the frozen meals were microwaved. It also stated that the person preferred the meal to be served on a plate and not in the microwave container.

The deputy manager said that meetings were held with the people who used the service on a regular basis. The last meeting was in March 2014. Minutes of the meetings were kept which the inspector saw. The agenda was produced in picture format to make it easier for people to understand what would be discussed.

All the people we spoke with told us that their dignity and privacy was respected when the staff were supporting them, and particularly with personal care. For example, this was always undertaken in the privacy of their own flat. We saw that staff addressed people by their preferred name and staff confirmed this was documented within the support plan.

We saw that people were well cared for. People confirmed they were happy with the support they received. One person explained "The staff are nice, they help with my care." Other people commented "The staff are very good" and "The staff know what they are doing. When I fell in my flat they helped me get medical assistance."

Some people had support with meals. Staff came in at allocated times and helped prepare a meal with them.

Staff had access to a range of policies and procedures that included safeguarding adults; equality and diversity; whistle blowing; code of practice; equality and inclusion and professional boundaries. These helped staff understand how to respect people's privacy, dignity and human rights. Staff spoken with confirmed they knew where policies were kept and how to access them. They also confirmed that some key policies were also in the staff handbook, which they had received.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Due to the complex needs of the people who used the service we were not always able to seek people's views on the care and support they received. However, we could discuss with them what they liked to do and what they had done recently. Some people explained that they were involved in decisions about their care and support and we saw staff involved people in decision making in aspects of their daily life. For example people were asked how they wanted to be helped with a certain task, such as, help with bathing or dressing. One person signed "sometimes I need help with buttons or fasteners and other times I can manage" and another person signed "I told staff what I needed support with when I started the service."

People who lived at the complex had their own individual flats and enjoyed a high level of independence. Staff promoted this by ensuring that people were involved in decisions which affected them and that they were asked to consent to care and support whenever this was appropriate. We saw that the support plans were reviewed regularly and any changes were made promptly within the plans. The deputy manager confirmed that if an advocate was required a request to East Lancashire Deaf Society would be made for their support.

Apollo House had a statement of purpose which included details of the services provided, their aims and objectives and other information about the provider. This information was shared with people who used the service so they see what was available to them. We saw the service had a range of policies and procedures in accessible formats. This included the policies on safeguarding adults and complaints. Therefore people who used the service had access to key policies and documents.

We saw that there was a range of activities available for people who wished to socialise where it was part of their support plan. People said that the staff were very supportive.

We saw the complaints procedure and file. The complaints, compliments and feedback policy included timescales of when action would be taken and details of other people who could be contacted if the person was not happy with the internal investigation. Details of the Care Quality Commission were also included. The policy also included how to analyse the information so that lessons could be learnt. We also saw a pictorial version of this policy which helped people to understand the policy. No concerns had been raised by the people who used the service. People explained "I haven't any concerns", "I am quite happy thank you" and "No I don't think I have any, but I would know where to go if I had one."

Are services well-led?

Our findings

This service requires improvement because the previous manager left in February 2014 and no decision had been made at the time of this inspection as to how this would be addressed in the future. Also although some audits had been completed the "new" system was not fully operational. This meant that a full overview of the service was not readily available to the deputy manager.

We saw that the registered manager left the service in February 2014. The deputy manager was currently in charge with the support of their line manager. At present the vacancy had not been advertised. The provider is looking into the options of having a manager registered for this small service or using a current registered manager to run this service and another small service in the local area. Discussions are currently being held and a decision is planned in the near future.

We had been informed of three notifiable incidents since the last inspection. We saw that the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

The manager explained that two care staff were due to leave and that the vacant posts would be advertised shortly. They said there had been problems in the past with staff sickness but a new system in place had helped to reduce the amount of staff sickness. The manager confirmed that staff usually covered for each other through overtime.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the needs of the people who used the service and this helped to ensure people received a good quality service.

The service had just started to use a new audit tool to monitor the information from various aspects of the service. This included staff training, supervision; meetings; audits of medication; people's care files; care plan reviews and communication sheets. Some information had been added to the system but it was not fully operational at the time of the inspection. The new audit tool would make it easier for the deputy manager to have an overall view of the service and show clearly where changes are needed. For example it would show if some staff had not undertaken particular training or people who used the service had not had an up to date review of their needs.

We saw that monthly audits were completed on the log sheets, accidents, medication, safeguarding, incidents, customer files, complaints and staff files. The dates these occurred would be entered onto the new system in due course. We saw that a sample of peoples care files were reviewed each month and details were recorded of what action needed to be taken.