

The Royal National Institute for Deaf People RNID-Action on Hearing Loss, South West Community Care & Support Service

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

This inspection took place on the 26 October 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This is the first time the service has been inspected.

RNID-Action on Hearing Loss, South West Community Care & Support Service is registered to provide personal care to people who are deaf, deaf/blind or hard of hearing and have additional care needs. At the time of our inspection there was one person receiving personal care and support from 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.

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.

Risks of harm to the person had been identified and clear plans and guidelines were in place to minimise these risks.

There were sufficient staff to keep the person they support safe and to support their health and welfare needs.

The person was supported by well trained staff that had sufficient knowledge and skills to enable them to care for them. The provider ensured that new staff completed an induction training programme which prepared them for their role.

We received positive feedback about the caring nature of the staff. The person's relative told us; "The care is brilliant. They are wonderful people and they do a wonderful job. She is fiercely independent and seems happy within herself. She gets on with them brilliantly."

The person had access to their own keyworker. The keyworker has a special responsibility for ensuring that the person has maximum control over all aspects of their daily life. They are involved in the planning of how the person's care needs will be met, and agreeing with the person and their representative the amount of assistance they require and the activities they would like to engage in.

Care records were personalised and described how people preferred to be supported. Specific needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received.

Staff described the registered manager as supportive. Staff were confident and knowledgeable of all aspects of the service. The registered manager encouraged an open line of communication with their team.

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.

Appropriate recruitment checks were completed to ensure staff were safe to work at the service.

Staffing numbers were sufficient to meet the person's needs and this ensured they were supported safely.

Staff understood their responsibilities around protecting people from harm and abuse.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate support through a supervision and training programme.

The person's rights were being upheld in line with the Mental Capacity Act (MCA) 2005.

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

Is the service caring?

Good ●

The service was caring.

We received positive feedback about the caring nature of the staff.

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

The person was supported to be independent as far as possible and make their own decisions about their life.

Is the service responsive?

Good ●

The service was responsive to people's needs.

A care plan was written and agreed with the person supported and other interested parties, as appropriate.

The person's care plan included a personal profile which included what was important to the person and how best to support them.

The person undertook activities personal to them.

Is the service well-led?

The service was well-led.

Staff felt well supported by their manager.

The registered manager encouraged an open line of communication with their team.

Through regular care plan and best interest meetings the person and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided.

Good ●

RNID-Action on Hearing Loss, South West Community Care & Support Service

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 26 October 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector. They were supported by a British Sign Language (BSL) interpreter.

We spoke with three members of staff and the registered manager. The service currently supports an elderly person living with dementia. Following a discussion with the registered manager it was decided not to visit the person in their home as it may prove potentially unsettling to them. In order to enhance our understanding of the person's experience of the service we spoke with one of their relative's. They were involved in the decision making process of their relative's care.

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

Is the service safe?

Our findings

There were sufficient staff to keep the person they support safe and to support their health and welfare needs. The person received one to one care three times a day. Staff were available when the person needed help. Following a fall which resulted in a hospital admission the person had a sensory system installed. The sensory system notifies the service if anything of concern arises. The service had the capacity to ensure that a member of staff would be able to assist in a timely manner, if required.

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.

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 held 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.

Incidents and accident forms were completed when necessary and reviewed. 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. The recorded incidents and accidents were reviewed by the registered manager. Their analysis enabled them to implement strategies to reduce the risk of the incident occurring again.

Risks to the person were assessed and where required a risk management plan was in place to support the person manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as personal care needs and financial management. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Potential risks were identified and control measures were provided. Examples of this included that staff were instructed to ensure that bath mat was in place. If the person declined help with their personal care staff must show the person the red cord above their bath and remind them that it is there if they need help.

The person was protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the service and kept at the office and taken to the person daily. Staff had received training in medicines administration. Staff prompting the medicines were

knowledgeable about the medicines they were giving and knew the person's medical needs well.

We did note that the service did not accurately record the medicines that care staff had prompted the person to take. When a person is self-administering and care staff collect or receive the medication on the person's behalf, a record must be made when the medication is given to the person. The service should accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given. Staff currently just state 'meds taken' in the person's daily notes. Staff told us that they would report any refusal of medicines to the registered manager to take forward.

Is the service effective?

Our findings

The person was supported by well trained staff that had sufficient knowledge and skills to enable them to care for the person. The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction training period included training specific to the new staff members role and to the people they would be supporting. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. 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, fire safety, first aid and medication had been completed. 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) and understanding dementia had been undertaken by staff. All staff were required to have knowledge or learn British Sign language (BSL). The training matrix identified that some staff required refresher training in infection control and safer people handling.

Although staff were supported through a supervision programme they were not in all cases held as regularly as required by the provider's supervision policy. Supervision is where staff meet one to one with their line manager. Outside of the formal supervision process staff told us they felt able to approach the registered manager at any time to discuss their concerns

The person's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. For example, the person required particular measures to be implemented to ensure their safety whilst inside their home. A mental capacity assessment had been carried out on the person to assess their ability to consent to these measures. Following this a best interest decision had been documented. Relevant professionals had been involved in the decision, the person's relative and staff working with the individual. This meant that people's rights were protected in line with the MCA.

Staff completed Mental Capacity Act 2005 (MCA) training and 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. One member of staff told us; "Enabling people forms part of our training and is part of our make-up."

The person supported by the service lived in their own home and could therefore eat what they wanted. Staff we spoke with told us they would always encourage the people they supported to eat a balanced diet. The person supported preferred ready meals and vegetables and a hot pudding at lunchtime. Their food preferences were respected by the staff.

Staff would always contact health professionals for the person such as their GP if they had any concerns about their health. Staff told us they would always ensure that a qualified interpreter was available to support people during routine health appointments. This helped to ensure that the person and their representative were able to access relevant information and make informed choices about any care or treatment they required.

Is the service caring?

Our findings

We received positive feedback about the caring nature of the staff. The person's relative told us; "The care is brilliant. They are wonderful people and they do a wonderful job. She is fiercely independent and seems happy within herself. She gets on with them brilliantly."

The person had access to their own keyworker. The keyworker has a special responsibility for ensuring that the person has maximum control over all aspects of their daily life. They are involved in the planning of how the person's care needs will be met, and agreeing with the person and their representative the amount of assistance they require and the activities they would like to engage in.

Care plans contained detailed, personal information about the person's communication needs. This ensured staff could meet their communication needs in a caring way. The communication plan identified that the person could get very confused and repeat the same questions a lot. The plan provided guidelines of how best to communicate, such as repeating the information each time the person asked for it.

Staff demonstrated they had a good understanding of the person's individual needs and told us they understood their preferences. The level of detail provided by staff members was reflected in the person's care plans. When they spoke about the person they cared for they expressed warmth and dedication towards them. Staff were knowledgeable about the person and their past history and had formed close bonds with the person they supported. Comments included; "I have established a really good relationship with her. I know how she likes things done and I feed back to the team. I liaise with the family. Our priority is to help her stay safe"; "She's jolly, funny and a great story teller about her past and war stories. She is very independent. We help her but if we overstep the mark she will tell us."

Staff ensured that person was always treated with respect and dignity, and ensured that independence and undertaking tasks in their home was promoted. This included household tasks and food preparation, with the minimal amount of staff prompting. When undertaking personal care staff were mindful of the person's wishes to remain as independent as possible. Staff told us that the person would tell them what they would like them to do and what help she required. When entering the person's premises staff followed clear instructions before letting themselves into the property. Staff used a flash entry system to notify the person they had arrived at their premises.

Is the service responsive?

Our findings

The service was responsive to the person's needs. Their needs were met by a small staff team who worked together to offer the best care they could. The person received good care that was personal to them and staff assisted them with the things they made the choices to do.

A care plan was written and agreed with the person supported and other interested parties, as appropriate. The relative we spoke with told us they were involved in key decisions relating to their relative's care and the service liaised with them regarding notable events. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support required, maintaining financial independence, maintaining links with the community, managing medication safely, maintaining health and eating healthy meals at regular times. Staff responded to any identified issues by amending plans of care and consulting external health and care specialists, as necessary.

Where required we found that the service accessed external health professionals such as occupational therapists and the memory clinic. An example of this included where the person needed further assistance and equipment to aid their mobility in their flat. The occupational therapist provided advice on the equipment required which the person agreed to have installed, in part.

Care plans addressed areas such as challenging behaviour. The person's care records provided strategies staff should follow to de-escalate the person's behaviour. The person's challenging behaviour was monitored and staff completed a behaviour record. This enabled the service to monitor possible triggers and amend plans, if required. Staff we spoke with were knowledgeable about the person's specific behaviours. Where the person expressed challenging behaviour staff were informed during staff handovers so that they were aware and able to support people if further incidents occurred again.

Care records were personalised and described how the person preferred to be supported. Specific needs and preferred routines were identified. The person and their relatives had input and choice in the care and support they received. The person's individual needs were recorded and specific personalised information was documented. The person's care plan included personal profiles which included what was important and how best to support them.

The person undertook activities personal to them, such as shopping, attending Deaf Club and visits to Bath. The person was supported in what they wanted to do. This demonstrated that the service gave personalised care. The person was also encouraged to maintain contact with their friend's and were therefore not isolated from those people closest to them.

The person held a hospital passport as part of 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. No formal complaints had been received this year.

Is the service well-led?

Our findings

Staff described the registered manager as supportive. Staff were confident and knowledgeable of all aspects of the service. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the manager if they had any concerns. Staff meetings were held every two weeks. Agenda items included people they support, policies and person centred plans. Staff we spoke with felt supported with their training and supervision programme.

Staff all had an in-depth knowledge of the person they supported and had the confidence to enable the person to be independent, as far as possible. Staff comments included; "We have amazing support from the manager. I can talk to them about anything. They take time to listen"; "In team meetings we open things up for discussion. Everyone has an opportunity to discuss their feelings and what goes well and what does not go so well"; and "We do a great job. If we have any issues we go to the manager and they usually have the answer. The staff are great. We make sure we do everything for [person's name] to enable her independence. This is instilled by our manager."

Through regular care plan and best interest meetings the person 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. The person's relative told us that they would prefer communication to be improved regarding up-dates on their relative's daily activities. We were told by a member of staff that the daily communication log was held at the office and not in the person's home for safe keeping.

Under the leadership of the registered manager the person was enabled to be independent and supported to continue to live in their own home. To live in their own home was the person's preference. They were supported by a committed staff team who ensured that the person lived in a safe environment. The person received effective care by caring and supportive staff who responded to the person's needs and involved them in their care and support. Their relative told us; "Although communication could be improved the staff are nice people and genuine. She would prefer to stay in her own flat. I think they do a wonderful job."