

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 ●
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: Ashely Phoenix Home is a care home. It was providing accommodation and personal care to eight people who are Deaf or Deafblind and who have additional complex needs at the time of the inspection.

People's experience of using this service:

- People appeared happy and relaxed living at the service, and relatives told us staff were kind, caring and patient.
 - Staff knew people well, and care and support was personalised and reflected people's needs and preferences.
 - People were protected from the risk of harm. Policies, procedures and checks were in place to protect people and staff.
 - There were enough staff to meet people's needs. Safe recruitment practices ensured prospective staff were suitable to work in the service.
 - People's medicines were administered as prescribed and managed safely by competent staff.
 - Care records were clear and detailed. These were reviewed regularly to ensure they continued to meet people's needs. Relatives told us they were consulted with and informed about people's care.
 - Staff received training in a range of relevant subjects, although some update training was required. Staff received regular supervision and appraisals and felt supported in their roles. They spoke positively about the management of the service.
 - Regular checks and quality assurance systems were in place. Some frequent checks required more detailed recording. Action plans were in place to monitor and improve quality where needed.
 - People were supported to make choices where possible and participate in activities which reflected their interests and preferences. People's independence was promoted in day to day tasks.
 - People accessed routine and specialist healthcare appointments, and relevant professionals were involved in care planning and regular reviews.
 - The service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
 - The service continued to meet the characteristics of Good in all areas; more information is in the full report.
- Rating at last inspection: Good (report published 5 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection..

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

RNID Action on Hearing Loss Ashley Phoenix Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was working with people who have learning disabilities and physical and sensory impairments. The inspection team was supported by a registered sign language interpreter. This was because people living at the service and some staff communicated using different types of sign language.

Service and service type:

Ashley Phoenix Home is a 'care home' (without nursing). People in care homes receive accommodation and personal care. 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: The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. We used all this information to plan our inspection.

During the inspection, we looked at the care records of four people who use the service and four staff files. We reviewed daily notes and other documentation, such as the medication records of people who use the service.

In addition, we looked at records related to the running of the service. These included checks and audits, training records, meeting minutes and health and safety documents. We reviewed policies and procedures including safeguarding, whistleblowing, complaints, mental capacity, recruitment and medicines. We considered all of this information to help us to make a judgement about the service.

During the inspection we spoke with five members of staff and the registered manager. The people who used the service were unable to communicate with us about their experiences. We used a number of different methods such as undertaking observations to help us understand their experience of the service. After the inspection we spoke with the friends and family of five people who used the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place and staff had received safeguarding training. They understood how to keep people safe from abuse or harm and take action if they had concerns about safeguarding.
- A system was in place to record and monitor incidents.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. Care records contained individualised risk assessments relating to areas such as using electrical equipment, water temperatures and choking. These provided clear guidance for staff about managing risks.
- The environment and equipment was safe and well maintained. Risks were assessed, including safety in the kitchen, cleaning tasks and slips and trip hazards. Servicing and repairs were carried out to ensure people were safe.
- Emergency plans were in place, and people had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency. Fire drills had been carried out to ensure staff knew how to respond in the event of a fire.

Staffing and recruitment

- There were enough staff to meet the identified needs of people who lived at the service. Staff told us that they felt there were enough staff on shifts.
- Relatives were satisfied with the staffing levels, and all spoke very highly of the staff team. Comments included, "I can't speak highly enough of them," and "I can't say anything apart from how good they are."
- Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks in place that confirmed staff were suitable to work with people.

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- Medicines administration records (MAR) were mostly accurate and clear. People had received their medicines as prescribed. We found some gaps in people's MAR where staff had not signed to indicate that they had given medicines. We raised this with staff who told us that additional checks had recently been introduced to monitor this.
- Only staff who were trained and assessed as being competent administered medicines. Senior staff regularly observed staff medicines practice.
- PRN ('as and when needed') medicines protocols were in place.
- Staff administering medicines were organised and knew people's preferences when taking medicines. This information was also clearly recorded.

- Medicines checks were carried out and recorded. This included the ordering and receipt of medicines, safe storage and temperatures. We discussed the benefits of using one comprehensive medicines audit with the registered manager. They planned to review the medicines checks and monitoring carried out at the service.

Preventing and controlling infection

- The service was clean and odour free. One relative described the service as, "Spotlessly clean", and noted that their relative was always well presented in clean clothes.
- Staff had received infection control training, and followed safe practices. For example, staff cleaned their hands between each person which administering medicines.

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken where necessary.

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

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 regularly assessed and reviewed. Formal care reviews took place annually, and care plans and risk assessments were updated as required.
- People's preferences, likes and dislikes were well known by staff, and these were recorded in detail.
- People's needs meant that their involvement in care planning and reviews was limited, but relatives told us that they were actively involved. Comments included, "I always get correspondence from them, and we phone up any time," and "We have very open communication."

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills to carry out their roles. Some staff required update training in some subjects. We highlighted this to the registered manager, who planned to review and prioritise training.
- Staff told us training was, "Fantastic," and, "The training's good, we have training constantly."
- Relatives told us staff were competent in their roles. One relative said "They way they look after [Name] is amazing," and another added, "The staff are fantastic."
- Staff received regular supervision and had regular appraisals. Staff told us they were well supported in their role.

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

- Staff supported people at mealtimes as necessary, and gave people time to eat their meal. There was a calm and relaxed atmosphere during the meal we observed.
- People were not able to tell us what they thought of the food, but people were given choices and appeared to enjoy the food that was provided.
- Nutritional assessments and monitoring were carried out and regularly updated, and specialist needs were recorded.

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

- The service had links with other organisations locally such as specialist day services and healthcare professionals to fully meet people's needs.
- People were supported to attend regular healthcare reviews and appointments. This included regular contact with GPs, physiotherapists, opticians and dentists. Staff knew people well and quickly identified changes to people's health and wellbeing; they reacted promptly to ensure people's needs were met.
- People had health and communication passports in their care records. These provided detailed

information about their needs and abilities and could be used when people accessed hospital or other services.

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

- The environment was bright and homely and well maintained. People were able to move freely around the service.
- People's bedrooms were decorated to reflect their preferences and interests.
- Plans were in place to create a sensory area and develop the outdoor area to improve accessibility.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained people's consent in a range of different ways each time they supported them.
- DoLS applications had been made to the local authority for everyone living at the service. These were informed by mental capacity assessments and supported by best interest decision meetings.

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

People were supported and treated with dignity and respect; and involved as partners in their care as far as possible.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring.
- Staff had good relationships with people, and appeared to know them well. Staff respected people's preferences and acknowledged that some people had better relationships with different staff.
- Staff were motivated and told us that they enjoyed working at the service. Comments included, "I feel fortunate to work with these people," and "I'm really, really pleased I came here all those years ago."
- Staff were aware of and respected people's specific needs, such as those relating to spirituality, gender, age and culture.
- People were supported to maintain relationships with friends and relatives. Staff regularly took people on home visits. Relatives told us that they could visit at any time, although many lived a long way from the service.

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

- People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff offered people opportunities to spend time as they chose and where they wanted.
- People expressed their views and preferences in their behaviour and actions, and this was respected and responded to by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff described how they did this, and we observed this in practice during our inspection.
- People had a flashing light system which alerted them when someone wished to enter their bedroom.
- Relatives told us that staff promoted people's independence. One relative said, "[The staff] know how to get the best out of [Name]. They work with [Name] well, and [they] can do so much now."
- Care plans provided information about what people could do, and guidance for staff about how best to support people. People were encouraged to carry out tasks such as laying the table at mealtimes, emptying the dishwasher, and maintaining their bedroom.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to make choices about how they spent their time as much as possible. Most people participated in activities that reflected their interests and preferences. Some people chose to engage in few structured activities, and staff supported them individually.
- During our inspection, people engaged in a range of activities. This included sensory activities, playing with toys and games, knitting and going out. Staff told us about other regular activities including hand and nail treatments, art and craft activities, community trips and pet visits. The service supported people to go on regular holidays that were of interest to them. Staff knew about people's likes, dislikes and preferences.
- Handover and ongoing communication within the small team ensured staff were kept up to date about people's needs and any changes to the support they required.
- The service met the Accessible Information Standard where possible so that people received information that was meaningful to them. For example, people's communication needs were clearly recorded, and person-centred approaches were used consistently. The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in the past 12 months.
- Systems and policies were available for recording and dealing with complaints.
- Relatives told us that they would feel confident if they had to make a complaint, but added that they had not needed to do so. The relative of one person who had lived at the service for many years said, "I've never had to make one complaint", and another added, "We've had no complaints at all for many years."
- Staff told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

- The service was not supporting anyone with end of life care. The registered manager explained that, if people's health deteriorated significantly, they would review whether Ashley Phoenix Home could provide the necessary level of care and support.
- The registered manager planned to discuss end of life plans with people's relatives where appropriate at people's next planned care review.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff felt supported by the management team to provide high quality, person-centred care. One staff member said, "[Registered manager] always supports us in being creative, in trying something new."
- The registered manager understood their responsibilities and had informed families, the Care Quality Commission and other agencies about events that had occurred within the service when needed.
- The provider displayed their CQC rating at the service and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility and accountability in the service, and staff understood what was expected of them.
- The provider had clear aims and objectives in place. Staff embedded the provider's values in their work. For example, staff treated people as individuals and were creative in the use of activities to enhance their quality of life.
- The provider had quality assurance systems in place. These monitored and reviewed performance and standards. We highlighted the importance of recording all of the regular checks which took place at the service to the registered manager. The registered manager planned to review checks and monitoring following our inspection.

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

- The provider carried out regular surveys of the views of staff and relatives. These were not specific to Ashley Phoenix Home however, so feedback about the service was limited. Relatives were positive about the service and told us, "I'm very happy with [them] there; I only worry in case they ever close down", and, "[Name] can never wait to get back there."
- The staff we spoke with were confident in their roles and well-motivated.
- Staff told us that they worked well as a team for the people they cared for. One staff member said, "We're a good team. Without that, we couldn't do half the things we do for people."
- Staff meetings were held regularly, and minutes were available. Matters such as health and safety, training, medicines and paperwork had recently been discussed.

Continuous learning and improving care

- The staff team and the registered manager were open and positive about learning and developing the service. There well established links with other services on the site.
- Information from regular internal senior audits and checks was used to review current practice and plan improvements as needed. Action plans were developed and progress regularly reviewed.

Working in partnership with others

- Staff worked in partnership with a range of organisations and had links with the local community. Some people accessed external services such as education and day services.
- People's specialist multi-disciplinary teams were involved in their care as required.