

# The Royal National Institute for Deaf People RNID Action on Hearing Loss Fosse Bank House

## 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 

## Overall summary

This was an unannounced inspection which took place on 21 May 2015. We had previously carried out an inspection in July 2013 when we found the service to be meeting all the regulations we reviewed.

RNID Action on Hearing Loss Fosse Bank House is registered to provide personal care and accommodation for up to six people aged between 18-65 who are deaf or have significant hearing loss and additional support

needs. Accommodation is provided in individual bedsits with on-site staff support. Communal areas are also available to promote socialisation. At the time of our inspection there were six people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered

# Summary of findings

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 who used the service told us they felt safe with staff who supported them. They told us staff were always available to support them in the activities they wished to do. People were enabled to make their own decisions and staff supported people to take risks to promote their independence.

Recruitment processes were robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults. People who used the service were involved in the recruitment of staff who would be supporting them.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

Staff told us they received the training and support they needed to carry out their role effectively. There were systems in place to track the training staff had completed and to plan the training required. All the staff we spoke with told us they enjoyed working in the service and felt valued by the registered manager. Staff felt able to raise any issues of concern in supervision or in staff meetings.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these are designed to protect the rights of individuals to make their own decisions wherever possible. Systems were in place to record where staff might need to make decisions for people in their best interests.

People who used the service had health action plans in place. Records we reviewed showed that, where necessary, people were provided with support from staff or independent interpreters to attend health appointments. People were also encouraged to discuss general health issues with staff to promote good physical and mental health. People were also supported by staff to maintain a healthy diet as much as possible.

We noted positive interactions between staff and people who used the service. People told us the staff who supported them were kind and caring and enabled them to develop their independence as much as possible. Staff demonstrated a commitment to providing care which would improve the quality of life of the people they were supporting.

Care records we looked at showed people who used the service had been involved in developing and reviewing their care and support plans. Support plans included good information about the way people wanted their support to be provided, their goals for the future and the achievements they had reached.

All the people we spoke with told us they felt able to raise any concerns with the registered manager and were confident they would be listened to. We noted systems were in place to encourage people who used the service to provide feedback on the care and support they received.

The service was based on a set of values which were clearly understood and implemented by staff. Quality assurance systems in place were used to drive forward improvements in the service.

# Summary of findings

## 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.

People who used the service told us they felt safe with staff who supported them. People were supported to take risks to promote their independence.

Staff had been safely recruited and there were enough staff to meet people's needs. Staff had received training in how to protect people who used the service from the risk of abuse.

Systems were in place to help ensure the safe administration of medicines, including where people who used the service took responsibility for their own medicines.

Good



### Is the service effective?

The service was effective.

Staff received the induction, training and supervision they needed to help ensure they were able to deliver effective care.

Staff understood their responsibilities to ensure people were able to make their own decisions wherever possible. Systems were in place to record where staff might need to make decisions for people in their best interests.

People received the support they needed to access healthcare services. Staff helped people who used the service to make healthy nutritional choices as much as possible.

Good



### Is the service caring?

The service was caring.

People told us that staff provided the care and support they needed. Staff were said to be kind, caring and respectful of people.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing high quality care and to promoting people's independence and choice.

Good



### Is the service responsive?

The service was responsive to people's needs.

People who used the service were involved in agreeing and reviewing the care they received. People were supported to identify and achieve the goals that were important to them.

Systems were in place to record and respond to any complaints or concerns raised.

Good



### Is the service well-led?

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People we spoke with told us the registered manager was understanding and approachable.

Good



# Summary of findings

Staff told us they enjoyed working at Fosse Bank House and felt well supported by their colleagues and the registered manager.

The service was based on a set of values which were clearly understood and implemented by staff. Quality assurance systems in place were used to drive forward improvements in the service.

# RNID Action on Hearing Loss Fosse Bank House

## 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.

This inspection took place on 21 May 2015 and was unannounced. The inspection team consisted of one adult social care inspector. They were supported by a British Sign Language interpreter; this was to help ensure people who used the service were able to tell us about their experiences.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including

notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The feedback we received about the service was positive.

During the inspection we spoke with four people who used the service, two members of staff and a volunteer. We looked at the care and medication administration records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included five personnel files, staff training records and policies and procedures.

Following the inspection we spoke on the phone with the registered manager as they were away from the service on the day of the inspection. This was due to them attending national training regarding the introduction of the new care certificate within the organisation.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe with the staff who supported them. Comments made to us by people who used the service included, “It’s good here; I feel safe” and “I like it here. I get on well with staff.”

One person told us they did not like living in the service but our observations during the inspection showed they felt confident to approach staff to request the support they needed. Staff told us it was not unusual for this person to say they disliked particular places, including Fosse Bank House, but objectively they did not display any signs of concern or distress.

People who used the service told us they were able to raise any concerns they might have with any of the staff supporting them or the manager of the service and were certain they would be listened to. We noted that people who used the service chose to spend time in the communal areas and were confident to ask staff for support in tasks or activities they wanted to complete.

From the care records we reviewed we saw that people’s support plans included information about what staff should do to help them to stay safe. Risk assessments had been completed for activities people wanted to do such as swimming and those relating to the management of medicines; these assessments detailed the potential benefits individuals would gain from taking risks, as well as any control measures which needed to be put in place. Risk assessments had been regularly reviewed and updated when people’s need changed.

Staff we spoke with told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this to be the case. Staff had access to safeguarding policies and procedures and were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact an on-call manager should they require advice or support to deal with any situation. Staff also told us they would feel confident to report any concerns regarding poor practice (whistleblowing) and were certain they would be listened to.

The volunteer we spoke with was less confident about the action they should take if a person who used the service raised any concerns about staff with them. We discussed

this with the senior carer on duty who told us the volunteer was never left unsupervised with people who used the service and was in the process of completing their induction workbook which included information about safeguarding adults. However, they would ensure that they were informed of the correct procedure to follow if any concerns were raised with them or they witnessed poor practice.

Staff told us people who used the service were informed about how to recognise abuse and of the procedure for them to follow if they wished to report any concerns. We noted information was available to people in a number of formats including a British Sign Language DVD and an easy read document.

We noted information was on display in the communal areas about staff who were on duty. People who used the service told us they were always aware of the staff who were going to support them. All the people we spoke with told us there were enough staff to meet their needs and that staff worked flexibly to ensure they were able to attend all their planned activities. The senior carer we spoke with told us the service had a pool of staff they could call on to cover staff sickness or to support people who used the service to attend activities or appointments.

We looked at the personnel files for three staff and the volunteer who worked in the service. We found the necessary pre-employment checks had been undertaken including those to confirm people’s identity. References were also in place on all four files. This helped to ensure prospective staff and volunteers were suitable to work in the service.

The senior carer we spoke with told us the service was in the process of recruiting new staff and that they had therefore spent time with people who used the service to find out the skills, qualities and experience they wanted in new staff. People who used the service had compiled a list of questions they wanted to ask prospective staff during the recruitment process.

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we spoke with told us they had received training in the safe

## Is the service safe?

administration of medicines. We saw that the registered manager had recently introduced a system to regularly assess the ability of staff to handle and administer medicines safely.

We found that people were supported to retain as much independence as possible when taking their prescribed medicines. All people who used the service had a locked cabinet in their own property for the safe storage of medicines. We noted that, wherever possible, people signed their own medication administration records to indicate they had taken their medicines as prescribed, supported by staff where necessary. Risk assessments were in place where people had taken full responsibility for their medicines and these had been regularly reviewed.

We saw there were audit systems in place to help ensure people received their medicines as prescribed. People who

used the service completed a counting sheet each day to record the amount of tablets they had taken; these sheets were checked by staff to help ensure all medicines had been taken as prescribed.

We saw there were systems in place to ensure the properties in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. Due to their sensory impairment people were provided with equipment such as vibrating pillows to alert them to an emergency in the service.

Records we looked at showed regular checks were undertaken of the equipment and services in the individual properties and communal facilities. Regular fire drills were undertaken and people who used the service had information available to them in their property about the action they should take in the event of a fire. A business continuity plan was also in place for the service. This provided information for staff about the action they should take in the event of an emergency to help keep people safe.

# Is the service effective?

## Our findings

People who used the service told us staff supported them to achieve their goals and aspirations. People told us staff would always support them to make their own decisions and respected any choices they made. Comments people made to us included, “I do a lot of things on my own but staff will help me if I need them” and “Staff help me to cook. They ask me what food I want to buy.”

Care records we looked at contained good information about people’s capacity to make their own decisions. Care records we reviewed also included a signed agreement form to confirm that people who used the service consented to their care and support plans.

We saw that where it had been assessed that one person was unable to fully understand information about medical treatment, a best interests decision had been recorded regarding the action which should be taken if the person required emergency medical treatment. This should help ensure that the person’s rights were protected.

Staff we spoke with demonstrated a commitment to promoting people’s rights to make their own decisions. They told us, and records confirmed they had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Staff told us, “People can choose what they want to do” and “We always support people to make their own decisions.”

All the people we spoke with who used the service told us there were no restrictions in place on what they could do or where they could go. Comments people made to us included, “I go out and about on my own” and “We are all going on holiday soon. We decided together about where we wanted to go.”

Staff we spoke with told us they received the training and support they needed to be able to deliver effective care. Records we looked at showed staff had completed training in moving and handling, emergency first aid, fire training, food safety, administration of medicines and the safeguarding of both adults and children. We noted there was a system in place to record the training staff were

required to complete. We saw this was updated regularly and provided information for the registered manager to help ensure staff had the skills and knowledge they required for their roles.

We saw that new staff were required to complete an induction workbook during the first three months of their employment in the service. The areas included in this workbook included the common induction standards, recognising and responding to abuse or neglect and communicating effectively. The volunteer we spoke with confirmed they were also working through this workbook with a permanent member of staff. They commented, “I’ve had loads of support since I started here.” The registered manager told us the probation period was used to ensure staff had the correct values and approach to work in the service.

Staff personnel files provided evidence that a system was in place for staff to receive regular supervision and an annual appraisal. The registered manager told us ‘brief discussion’ forms were used with staff to discuss any incidents or concerns which arose outside of the supervision period to ensure issues were addressed without delay. These processes should help ensure staff had the support and guidance they needed to be able to deliver effective care.

Care records we reviewed contained easy read and pictorial information to help people who used the service make decisions about their own care and support. We saw records from a meeting where a member of staff had encouraged the four men who used the service to discuss male health issues through the use of easy read information to help them understand how to promote good physical health.

People who used the service told us staff would support them to attend health appointments where necessary. Staff told us people were also able to access an independent interpreter for any appointments should they wish to protect their privacy. All the care records we reviewed included a health action plan. This is a document to help ensure people receive the care and treatment they require to meet their health needs.

People who used the service told us they were supported to plan and cook their own meals, either in their own property or using the communal kitchen. We saw that staff helped people to draw up a shopping list for the food items they needed, using pictures where necessary to help



## Is the service effective?

people be as independent as possible when shopping. Staff told us they would always encourage people to make healthy and nutritional choices. We noted that staff were supporting one person who wished to lose weight to access a local slimming support group.

# Is the service caring?

## Our findings

All the people we spoke with who used the service gave positive feedback about staff. Comments people made to us included, “Staff are nice”, “The staff are lovely” and “Staff are very nice and helpful. I can’t speak highly enough of them.”

Our observations during the inspection showed that the interactions between staff and people who used the service were friendly and caring. We noted that staff always spoke respectfully to people and supported them to make choices.

All the people we spoke with who used the service told us staff always treated them with respect and listened to what they had to say. One person commented, “They [staff] check I am happy here.” People told us staff would always encourage them to be as independent as possible.

We saw that staff had completed one page profiles which were available for people who used the service to read in the communal area. These profiles included information about staff likes and dislikes and demonstrated a commitment to being caring and open with people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. They all demonstrated a commitment to providing high quality care and support to people. One staff member told us, “It’s a very caring environment. The most important people are those we support. We make sure they are comfortable, safe and happy. Everyone is content here.”

We saw that regular ‘Listen to Me’ meetings took place where people who used the service were able to express their views about the support they received. Where necessary we saw that action was taken by staff in response to any issues or suggestions raised. We noted that no items could be placed on the agenda by staff unless people who used the service were in agreement; this demonstrated a commitment to promoting independence and choice.

We saw that a suggestion box was available in the communal area of the service to encourage people to comment on the care they received or ways in which it might be improved.

We asked staff about their understanding of person centred care. One staff member told us, “It’s about ensuring that everything that is in the support plans is what individuals want to do; their goals and aspirations are central.” Care records we looked at confirmed this to be the case.

Staff told us how they would encourage individuals to be as independent as possible. They told us people were prompted to complete household tasks including laundry and cleaning. People were also supported to budget their own money as far as possible. They told us how they had supported one person who used the service to budget their money so that they were able to arrange for satellite television to be installed in their property. One staff member told us, “We don’t do everything for people. We are aiming for people to move on if possible or if not to support people to be as independent as they can be.”

# Is the service responsive?

## Our findings

People we spoke with who used the service told us they received the support they needed to be able to follow their interests, develop their independence and maintain contact with those people important to them. People told us they were supported to access a range of local resources including the church, art classes, the gym and local deaf clubs. One staff member told us, “We try and support people to keep their social and cultural links, including the deaf culture.”

Support plans we reviewed included information about the level of support people needed to meet their needs; this included personal care, physical health, finances and maintaining contact with family and friends. We saw that support plans had been created using pictures to help people understand and contribute to what was included in them.

Records showed that people who used the service had been involved in agreeing their individual care and support plan. Care and support plans we reviewed included information for staff about how best to communicate with individuals and what things were important to people who used the service. One person told us. “We have meetings to plan activities. They [staff] write things down and it is put on my planner.” Another person commented, “I sit and talk with staff about my plans.” We saw that people who used the service were asked to choose which members of staff they wanted to be present at their review meeting. This should help ensure that people felt confident to express their views and wishes.

We saw that people’s progress towards their goals and aspirations was regularly reviewed and that changes were made to care and support plans to reflect the support people needed to achieve their desired outcomes. A staff member told us, “It’s important we keep up to date with how people want to be supported.” A record of the progress people had made was documented using a pictorial scaling tool. This meant people who used the service could easily identify their achievements.

Staff told us one staff member in the service was designated as the ‘person centred champion’. They told us this person would ensure the staff team was informed of any new tools or developments to support person centred planning in the service.

People who used the service told us they would feel confident to speak with any member of staff if they had any concerns or complaints. We saw that information about the complaints procedure was on display in an easy read format in the communal area of the service, together with the contact details for other agencies which are available to support people to make a complaint. There was also a ‘grumbles book’ available for people who used the service to record any concerns. The registered manager told us there had been no complaints since the last inspection.

We noted that a regular newsletter was produced by the service detailing the activities in which people had been involved and other significant events. This provided people who used the service with an opportunity to publicise their achievements.

# Is the service well-led?

## Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager had been in post for 11 years.

We asked the registered manager about the key achievements in the service since the last inspection. They told us this had been the embedding of person centred approaches within the service. They told us the key challenges for the next 12 months would be the development of the service to include the building of two bungalows to provide more independent living for people.

People who used the service spoke positively about the registered manager. Comments people made to us included, “[The registered manager] is nice. I can talk to her” and “I really like [the registered manager]. I can explain things to her and she will listen.”

All the staff we spoke with told us they enjoyed working in the service and found the registered manager to be approachable and always available for advice or support. One staff member commented, “It’s a good team. [The registered manager] is a fantastic manager. She leads the team very well. She has an open door policy.”

Staff we spoke with told us there was a transparent culture in the service and staff were always encouraged to raise any issues they had in staff meetings or in private with the registered manager. They told us this also extended to more senior managers in the service. One staff member commented, “People are open even when the director comes. It’s relaxed and transparent.”

We looked at the minutes from the most recent staff meetings. We noted the meeting had included a discussion of practice related issues including the Mental Capacity Act 2005 and DoLS as well as health and safety and audits. We saw from the minutes that staff were encouraged to raise any issues or ideas regarding service improvements.

The registered manager advised us there was an emphasis in the organisation on all registered managers keeping up

to date with advances in practice and new legislation including the Care Act 2014. They told us this information was then cascaded to the staff team through staff meetings and supervision.

We found there were a number of quality assurance systems within the service, including a monthly audit which provided information to senior managers about the running of the service. This auditing system included any complaints received in the service and any incidents or accidents which had occurred; the system also recorded when care and support plans and risk assessments had been reviewed and updated.

The registered manager told us the area manager also conducted regular audits and unannounced inspections at the service to help ensure all the regulatory requirements were being met. We saw that actions had been taken where necessary in order to continue to drive forward improvements in the service.

We saw that a poster documenting the values on which the service was based was on display in the communal area. We asked staff how these values were promoted within the service. They told us the values were important in ensuring people who used the service were at the centre of everything staff did and that staff always treated people with dignity and respect.

We noted the service had signed up to ‘Making it Real’ as a way of demonstrating their commitment to providing high quality personalised services to people. The service had produced an action plan which was regularly reviewed to help drive forward continued improvements in the service. The service had also signed up to the social care commitment; this commitment is designed to improve confidence in adult social care services and lead to better quality and standards. We saw the registered manager had completed an action plan to help embed this commitment into the service. Staff we spoke with were aware of these initiatives and their role in ensuring the required actions were achieved.