

The Royal National Institute for Deaf People RNID Action on Hearing Loss North East Outreach

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?

Requires improvement 

Overall summary

We inspected RNID Action on Hearing Loss North East Outreach on 5 and 24 November 2015. This was an announced inspection. We informed the registered provider at short notice we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information we needed.

The service is registered to provide personal care to people living in their own homes. The service can provide care and support to people with sensory impairment, older people, people with mental health conditions, people with a learning disability or autistic spectrum disorders, physical disability or younger adults. At the time of the inspection only one person was receiving personal care from the service.

Summary of findings

The service had a registered manager. 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.

The quality assurance system in place to monitor the safety and quality of the service was not effective in highlighting areas requiring improvement.

Team meetings had not taken place at the frequency the registered manager told us they should have done.

Staff told us the registered manager was supportive. However staff had not received regular supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager told us they would be completed by the end of January 2016 and a plan for keeping up to date would be put in place

The majority of staff were up to date with training. Staff told us they had received training which had provided them with the knowledge and skills to provide care and support. Outstanding training had been arranged to be completed.

Recruitment and selection procedures were in place and we saw checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. We saw gaps in employment had not been fully explored or recorded in staff files. We found not all recruitment documents were held locally. The registered manager confirmed following the inspection they were now held locally.

Procedures were in place for the safe management of medicines. Staff at the time of the inspection did not administer medicines to anyone. A person they supported self administered their own medicines. The risks associated with this were not fully documented in their care file. A completed risk assessment was provided following the inspection.

The risk assessments in place regarding the service provision were not appropriate for people being supported in their own home and they were more relevant to a residential service. The registered manager told us these would be reviewed in December 2015.

There were risk assessments in place for people who used the service. The risk assessments and care plans had been reviewed and updated on a regular basis. Risk assessments covered areas such as mobility and falls. This meant staff had the written guidance they needed to help people to remain safe.

The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. The training matrix we saw showed all the team had been on training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw MCA decisions and best interest decisions were not recorded. Following the inspection the registered manager provided evidence this had been completed.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. We saw not all hazards relating to the person support were built into the care plans.

There were enough staff employed to provide support and ensure people's needs were met. People who were supported confirmed staff were punctual and they liked their support staff.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

People told us staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People had a wide variety of activities they enjoyed, some were accessed independently and others with staff support. There was a staff matching tool used so people could identify which staff they wanted to support them on particular activities.

Summary of findings

People were supported to cook a varied diet, grow some of their own food and develop their skills in cookery.

Staff at the service worked with other healthcare professionals to support people. Staff worked and communicated with professionals interpreting sign language for the person where they were asked to do so by the person.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them.

Staff told us the service had an open, inclusive and positive culture and they found the registered manager approachable.

There were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

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.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place. Appropriate checks of gaps in employment undertaken before a staff member began work needed to be evidenced in staff files.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the registered manager.

Safe systems were in place for the management and administration of medicines.

Risk assessments for the service needed to be more specific to supporting people in their own homes.

Good



Is the service effective?

The service was not always effective

Staff had not received appropriate levels of formal supervision and some training was not up to date, the registered manager had a plan in place to improve this area.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and most had received training.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Good



Is the service caring?

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care.

The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were in place and contained person centred detail of how to support people.

Good



Summary of findings

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was not always well led.

The systems in place to monitor and improve the quality of the service provided were not adequate. Staff did not have regular opportunity to attend team meetings.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them.

The service had an open, inclusive and positive culture.

Requires improvement



RNID Action on Hearing Loss North East Outreach

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 checked 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.

We inspected RNID Action on Hearing Loss North East Outreach on 5 and 24 November 2015. This was an announced inspection. We informed the registered provider at short notice we would be visiting. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information we needed.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider was not asked to complete 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.

At the time of our inspection visit the number of people using the service who received personal care was one.

During the inspection we visited and spoke with one person who used the service. We also spoke with the registered manager and two care staff. We contacted the local authority to find out their views of the service. They did not report any concerns. We spoke with one visiting professional involved with the service. We looked at one person's care records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

The registered provider had an up to date policy in relation to safe management of medicines in peoples own home.

As part of the inspection process we spoke with a person being supported and they told us about how they managed their medicines independently. The person could tell us what their medicine was for and also what time of day they took their medicines. We looked at the persons care plan and it contained a plan explaining the person self administered their medicines. In the care plan there was no self administration of medication risk assessment to enable staff to know what hazards to look for and therefore to understand if the person was safe completing this task independently. We spoke with the registered manager and they provided us with a risk assessment they had completed following the visit.

Staff we spoke with told us they would check if the person had taken their medicine and they would report if there were any problems. Staff also told us they had been trained in medication support and they used their skills by working elsewhere within the registered provider's services. Records confirmed staff had received training in medications

The registered manager completed an audit of medication when they visited but they did not record they had done this.

The risk assessments for the service which were held at the office included topics such as lone working, medication, infection control. We found they were not always relevant to providing support to a person in their own home and they were more focused on managing hazards within a residential setting. We spoke with the registered manager about this who told us they would be reviewing the document in December 2015.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as falls, medicines and mobility. Care plans also described how to keep people safe for example how to support a person to understand their new cooker and hob when they had been replaced. Other records detailed how to help ensure the safety of a person when they were alone at home, for example making sure they were wearing a pendant so they could call for help and ensuring the door was locked. This meant staff were provided with the information needed to keep people safe.

The staff we spoke to told us about how they did safety checks weekly with the person, for example checking the fire alarm. The person we met was deaf and their home we visited had lots of technology built in to support the person to live independently. Some of the staff were also deaf and benefited from the technology being there for their own safety. Weekly checks that technology was working which would alert people to a fire, doorbell or the person falling was extremely important. Staff showed us they recorded checks were completed in the diary at the person's home.

We looked at the accident and incident reporting system. We were told by the registered manager nothing was recorded because they were very rare occurrences. The system was in place to record a situation when needed.

We asked people who used the service if they felt safe. People told us, "I feel safe here, I have been happy here for 4 years now."

During the inspection we looked at the records of the two most recently recruited staff to check the recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found not all of the records relating to peoples' employment were held in the office. The records we viewed showed there were gaps in employment that had not been recorded as explored. The registered manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service, but they did not record this information.

We saw some staff had commenced employment as a bank member of staff and then gone on to become a permanent staff member. The records we were able to see around the full process were not complete. We spoke with the registered manager about the records and they told us they would work with their head office to gather all of the relevant documents in the office files locally. The registered manager told us following the inspection all the records were now in place at the office.

Is the service safe?

The registered manager told us the staffing was provided to people based on their agreed plan from the local authority. The registered manager works alongside the social worker and staff to understand the staffing was enough to ensure people were safe. The registered manager told us about the on call system that was in place for both staff and people to contact if there was a problem. Another service managed by the registered provider was also close by if people require anything when staff were not on shift for the person to call upon.

The person we spoke to said “Staff are always on time, I have the rota book in the kitchen so I know who is coming. The times are altered to help my activities when I want to.”

We asked staff about their understanding of protecting people who used the service. Staff were aware of the

different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols. Staff told us they had received training on abuse and safeguarding of vulnerable adults. They told us the training had provided them with the information they needed to understand the safeguarding processes that were relevant to them.

People who used the service were aware of who to speak with should they need to raise a concern. They told us they felt safe and trusted staff to provide them with the care and support they needed. We found the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

Is the service effective?

Our findings

We looked at records related to staff supervision and appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The records we saw showed staff had not received supervision at the frequency the registered manager told us they should have done. One staff member had only received an appraisal in 2015 but no supervision. The other staff members file we saw had an appraisal and two supervisions for 2015 recorded. This was pointed out to the registered manager who said all supervision would be brought up to date by the end of January 2016. All staff had received an appraisal in 2015.

Staff told us supervision was valuable. They also told us about the informal ways they had accessed support from the registered manager. They told us they had called them on the telephone, emailed them or called to the registered provider's nearby service where the registered manager was also manager. Staff spoke with during the inspection told us they felt well supported.

A staff member we spoke to who was deaf explained how additional support was in place for them via an interpreter being available at meetings and in supervisions and also time was planned each week for them to have support maintaining their skills translating written language into sign. This was very important to that staff member.

Staff we spoke with told us they felt the training they had received at induction and the on-going training had been good and provided them with the skills and knowledge to do their job. One member of staff said, "We have enough training; I found dementia training really interesting."

The registered manager told us a new induction had been developed which would be online, it was linked to the National Vocational Qualification (NVQ) and the registered manager checks the information the staff member puts in the system. Staff had 12 weeks to complete this and it could be accessed at the staff members own home. The programme also includes shadowing. Staff would then start a slow introduction to working alone with people in their own homes. Staff we spoke with confirmed they had shadowed supporting people as part of their induction which helped to get to know people as well as registered manager being able to assess staff were competent.

We looked at the training matrix for the service and saw some training was not up to date. The registered manager told us further training dates had been booked for the beginning of 2016 so all staff could be brought up to date with their training.

The staff team were trained in British Sign Language (BSL) to enable them to communicate effectively with people they support who were deaf or had hearing loss. We also saw on the training matrix the additional training offered to staff in specialist areas such as dementia

This meant staff did not have appropriate levels of training or supervision and appraisal necessary to enable them to carry out their duties they were employed to perform.

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.

The registered manager told us they assume people who used the service had capacity unless they were told or recognised otherwise. Staff we spoke with understood their obligations with respect to people's choices. Staff told us people were involved in discussions about their care. One member of staff told us, "It is about making your own decisions. We must respect this and advise people only." Staff were able to tell us ways they helped people to make decisions by providing all the information needed to them using pictures, sign language and written documents. The staff were clear they would tell their manager if the person made an unwise decision but they would not stop the person if they felt they understood the consequences and therefore had capacity.

Information we were provided with confirmed all staff had received training in the Mental Capacity Act (MCA) 2005. Records in care plans we saw did not reflect the MCA process was being documented. We saw that certain elements of the person's care were restricted. For example, the local authority managed the person's finances. The reason for this was not recorded and no mental capacity assessment was in place and it was not documented that

Is the service effective?

this restriction was in the person's best interest. Following the inspection the registered manager provided a copy of these documents which were put in place for the individual.

We looked at how the service managed situations where people displayed behaviours that challenge. We found all staff had received behaviours that challenge training although one staff member's was out of date. A staff member told us, "I did challenging behaviour training, it was fantastic training, we use the techniques at work when lone working and I know I can control the situation." We saw the person's care plan contained detail of what triggers anxiety and how to prevent escalation.

We saw staff provided guidance on healthy eating and supported the person to write a shopping list each week. Cooking was part of the support provided and the person and staff did this together. We saw it was a team effort and both parties were pleased to tell us the different recipes they had tried. The person told us they grew their own vegetables in the garden and used them when cooking.

We saw the person was supported when they chose to have staff involvement with appointments and health issues. The care plan reflected the support need in this area. Staff and the registered manager told us they would liaise with professionals if they felt it was required on the person's behalf.

Is the service caring?

Our findings

The registered manager told us there was a person centred approach to the support and care people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. We observed staff during our visit respecting the person and ensuring the person was supported to be included in the visit and they were in control of their own environment. This meant people were supported to make the own choices and decisions.

People's diversity, values and human rights were respected. Staff told us how they ensured the person privacy was respected and they could explain situations where they did this, for example not entering the person's room until they had given permission and reminding the person to ensure curtains were closed when getting dressed. A person told us "I go on my own in the bath, wash myself and I shut the door."

During our visit to the home of a person who used the service we saw how the staff member and person who used the service engaged in friendly banter which the person clearly enjoyed and which made them laugh. The person told us they liked staff who made them smile and who knew how to have fun.

Staff told us of the importance of encouraging independence. They told us how they encouraged the person to do their own housework and helped them maintain positive relationships with people.

Staff told us how having the support of a person who can interpret through sign language was really important to empower people who were deaf, particularly in meetings and where complex decisions need to be made. Staff told us they helped to develop the person's sign abilities so they were more empowered through communication. Staff worked as a team with this and asked for help from colleagues via their own communication book.

Care files contained information about people's life history contained a one page profile. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care.

Is the service responsive?

Our findings

A person we spoke with during the inspection told us staff knew them well and were responsive to their needs. They said, “The best things are going out and being independent.”

During our visit we reviewed the care plan of the person who used the service. The care plan included a one page profile which tells you what was important to the person and what they were aiming to achieve in the future and how best to support them. This was a person centred way of planning the person’s care. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the person.

The person had signed their own care plan and agreed to its contents. We saw the care plan included all the information needed to support the person, was written in easy read language and had pictures to help the person understand it. Some of the risks were also written in the plan to help the person know the hazards, but not all of the hazards were included such as hazards arising from the person’s behaviours that challenge. We discussed this with the registered manager and they told us they would be looking for ways to build into the care plan the risk assessments they had in place. The care plan had been reviewed every twelve weeks.

A weekly planner was used by the person to tell staff what they wanted to do each week. Staff followed this when they were on shift. It was clear that the person directed their own support and they told us about their aspirations for the coming year such as going on holiday to Spain, joining a cookery class and growing vegetables in the garden. We saw all these aspirations were used to plan the persons care for the coming year. Transferred into action via goal sheets. We could see a savings plan for the holiday had

already started. We saw pictorial goals also for example; ‘Will Boro be promoted?’ and ‘Award winning marigolds’. This showed us staff were committed to achieving the person’s goals.

A staff matching form recorded which staff members the person wanted to help them with particular activities. For example, it recorded who the person preferred to be shaved by and who they preferred to do gardening with. We saw the person had been to football, enjoyed a visit to Newcastle and they told us they had enjoyed these activities. On the day we visited we saw that Halloween masks and a pumpkin had been made by the person and staff. The person said, “We made them to scare each other.”

The person also took an active part in their own daily living tasks to maintain their own home, such as shopping, cleaning and laundry. The person told us they pegged out their washing in good weather.

A professional involved in the service told us “[The person] gets out and about, does gardening club. Staff do fantastically well.”

A complaints file was not available to look at in the office. The registered manager told us there had not been any complaints recently. We saw the complaints policy dated March 2015 and this described a robust process which would make sure the person complaining received a response in writing and had the right to appeal. Following the inspection the registered manager informed us the office now contained a complaints file. We saw the policy was also available in pictorial format which helped people to understand the process better through pictures and easy read format.

The person we spoke with told us “I am fine I have no complaints. I do go and chat with the manager and we solve things, it is like a weight being lifted, we talk but don’t shout at each other.” Staff we spoke with told us they knew how to support a person to make a complaint or raise concerns.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager told us they visited the person supported monthly and signed to say the visit had taken place. We saw this was the case; however the registered manager did not record what was checked during the visit or produce an action plan when issues were noted. The registered manager also took part in the three monthly reviews of the person's care and support. We looked at the area manager's audits that had taken place three times in 2015. A list had been produced to record the outcome of their visit and areas requiring action. Examples of issues noted were, no training matrix available to audit and a team meeting was overdue. One of the audits was completed on the registered provider's online system and where issues were identified there was no timeframe for actions to be completed. We found there was no consistent standard documented of what either the registered manager or area manager should be looking for as part of quality assurance checks or evidence of remedial action being taken. This meant the systems in place were not adequate to ensure the safety and quality of the service. Following the inspection the registered manager informed us that they had implemented a monthly self assessment to pull together themes and priorities for the service.

Staff told us they were kept up to date with matters that affected them. Records showed that two team meetings had taken place in 2015. The registered manager told us this was not frequent enough and they had one planned for December 2015 and had plans in place for 2016 to ensure team meetings would be more frequent. Staff and the registered manager told us the various ways they keep in touch and they felt this worked and was enough. These included email, telephone and ad hoc visits. We could find no records of these types of support or of how the results were being used to monitor and improve standards at the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us surveys were sent out to people by the registered provider on an annual basis to seek their views on the care and service provided. We saw records to confirm the 2015 questionnaires had been analysed nationally. The survey results were positive and it told us 96% of people supported by the registered provider were happy.

People who used the service, professionals involved in the service and staff we spoke with during the inspection spoke highly of the registered manager. They told us the service was well led. One person said, "[The registered manager] is very supportive, open and honest, I have no problems but if I did I would go to them." The visiting professional said, "[The registered manager] is a fantastic manager and they knows [The person supported] really well, they support staff, all issues are dealt with immediately, I am really impressed with the service." The person who used the service said "The boss, I am always happy to see them at my home; they visit to check I am alright, they sign the book to say they have been."

We found there was a culture of openness and support for all individuals involved throughout the service. One staff said "There is a good culture, we can speak up and address issues, and they are dealt with really well by the manager and usually fixed. The team get on well."

We spoke with the registered manager who told us there were clear lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities. Staff told us, "We give the best service to people we support. I believe they are happy with support, surroundings and staff they have." Another staff told us, "It is a positive service, I love my job."

We saw an operational plan for 2015/2016 which outlined the service planned to improve person centred working, quality and compliance plus to focus on partnership working. The registered manager was responsible for monitoring and implementing this plan. They were using the staff meeting in December 2015 to start that process.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Quality assurance systems in place were not adequate to ensure the safety and quality of the service. Regulation 17 (1)