

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

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We inspected Ransdale House on 29 October 2015 and 5 November 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 5 November 2015.

Ransdale House is a large residential house situated in a residential area of Middlesbrough. The service provides care and support for six adults who have profound deafness or significant hearing loss and who have other

disabilities or support needs. The service is close to all local amenities. The property had been adapted to incorporate assistive technology to enable people with hearing loss to live there safely and be as independent as possible.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working in a way that empowered people to make their own decisions and working in people's best interests where they felt they lacked capacity. However they were not formally assessing people's capacity or recording the decisions that had been made in people's best interests.

We saw that staff had not received supervision on a regular basis. Staff also had not always been trained or completed refresher training; this meant staff's ability to perform their role could be affected.

People told us that there were enough staff on duty to meet people's needs.

We found that safe recruitment and selection procedures were in place. Records we were provided on the visit related to staff recruited in 2003 and 2007 and we therefore could not assess the current process. However the registered manager knew their responsibilities in relation to this for when they next recruit new staff. The registered manager understood they must ensure all documents relating to recruitment are kept at the service for inspection.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Only one safety check was out of date and this was rectified by the service immediately.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk

assessments had been personalised to each individual and covered areas such as ironing, cooking and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, and patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people were involved in all aspects of their care plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

# Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered manager and senior staff within the organisation. We saw where issues had been identified; action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the registered provider to take at the end 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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

The registered manager knew the requirements for safe recruitment of staff. When agency staff were used the service did not seek to have up to date information about the worker to ensure they were safe to be deployed on shift. There was enough staff on shift to meet the needs of people using the service.

The service had a process in place to identify hazards and assess risk to allow people to take positive risks and enjoy new experiences.

There were arrangements in place to ensure people received medication in a safe way.

Good



### Is the service effective?

The service was not always effective.

People were supported to make decisions about their care and support, but where people may lack capacity to do this they had not been assessed or decisions made in their best interests recorded.

Staff training and supervision was not always up to date. This could affect staffs ability to perform their duties effectively.

People were supported to make choices in relation to their food and drink and their weight was being monitored regularly. People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity. Staff and people have relationships that are supportive which enabled peoples dreams and aspirations to become a reality.

Staff were able to describe the likes, dislikes and preferences of people who used the service; care and support was individualised to meet people's needs. Staff sought innovative ways to support people to achieve choice and independence.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests. Staff use creative ways to support people to lead fulfilled lives.

To make sure that people's voices were heard staff asked people for their view each day and during meetings. Staff used person centred ways to communicate with people supported to successfully include people in all aspects of their life.

People told us that if they were unhappy they would tell the registered manager and staff.

## **Is the service well-led?**

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

**Good**



# RNID Action on Hearing Loss Ransdale 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 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 the service on 29 October 2015 and 5 November 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 5 November 2015. The inspection team consisted of one adult social care inspector. A British Sign language interpreter joined us on inspection to enable the inspector to communicate effectively with people supported and staff who were deaf.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service did well and improvements they plan to make.

We received feedback from two local authorities who work with Ransdale house. We also spoke with two people's relatives to seek feedback on the service.

At the time of our inspection visit there were six people who used the service. We spoke with and spent time with five people who used the service with the support of the interpreter. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and one person showed us their bedroom.

During the visit we spoke with the registered manager, the deputy manager and two support workers.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where people could talk with us and such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included two people's care records, including care plan documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We looked at three staff files. The staff files we saw included records of recruitment from 2003 and 2007. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. 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 that not all documents relating to recruitment were kept in the office at the service, they were held at the head office of the registered provider.

The registered manager was actively recruiting for staff at the time of the inspection and assured us they would be following required process. They also explained they would ensure all documents were kept at the service for inspection.

The service did use agency staff in emergency situations and we were told that the agency send people known to the service. No information was received from the agency to confirm their workers' current training, competencies and skills or that they had a current DBS certificate. The registered manager told us they would action this with the agency following our discussion.

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I like Ransdale House it's like a group its fantastic, staff are nice, I like xxx [staff member] best, they talk with me – but they all do, staff help and they are fantastic."

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. The test which ensures individual electrical items are safe was not in date. The registered manager immediately called the relevant department to arrange this, we received confirmation this check was completed on 19 November 2015.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and

recorded on a regular basis to make sure that they were within safe limits. We saw records that confirmed these checks were done regularly and that temperatures were within safe limits.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The fire drills were completed once per month and the records showed the last one was completed in October 2015. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order. A staff member told us the fire checks were completed each Wednesday and that they had taken part in an evacuation in September 2015.

The service had an accessible evacuation plan in place to support the people who lived at Ransdale House to understand how to evacuate independently. When we spoke with people who used the service they told us how they evacuated and explained how the assistive technology they had alerted them to a fire. They knew that when a light of a particular colour flashed they must evacuate.

We looked at the arrangements that were in place for managing accidents and incidents. The accident book we saw recorded events that had happened but it did not have space to record the outcome of the accident or incident once staff had intervened or medical support had been received. The document also did not allow for the registered manager to record their review of what had occurred, including probable cause and how it could be prevented in the future. The registered manager explained the online system which looks at patterns and trends of accidents and incidents across time but this system still did not analyse each incident. This meant staff were not evidencing learning following an accident or incident. We spoke with the registered manager during the visit about the documentation and they were going to feed this back to the organisation.

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have had

## Is the service safe?

no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. We saw records to confirm all staff had received safeguarding training.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "I would pass information onto a third party to deal with if I needed to." All staff we spoke to knew where to access the telephone numbers to contact people within the organisation and externally should they ever need to.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and the activities they chose to take part in, they covered areas such as ironing, using the oven and using public transport. This enabled staff to have the guidance they needed to help people to remain safe.

We observed people being supported to take positive risks during our visit. Helping people take planned risks means they learn new skills and become more independent and this is a positive approach to risk management. For example we saw one person doing their own ironing and someone else cooking independently in the kitchen.

Staff understood risk and completed the risk assessments prior to any new activity. Staff told us this was time consuming. The approach to risk assessment was to complete a form for each activity even though the hazards would remain the same. For example there were risk assessments for going shopping, going on a day out and visiting a new attraction, the hazards doing all these activities were the same and therefore only one risk assessment about accessing the community was required. The impact of completing risk assessments all the time was that time was taken away from supporting people. We discussed this with the registered manager this during the visit and they told us they would be working with staff to improve this system.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff

rota. This showed that usually during the day there were four staff on shift. Overnight there was one staff member on duty who went to bed when the needs of people who used the service had been met. There was a local on-call person available during the night if people needed this.

The registered manager told us that staffing levels were flexible, and could be altered according to need. For example the minimum staffing level needed was three staff. Reducing to three staff at times meant bigger activities could happen such as people going to Blackpool to see the illuminations which was being planned during our visit. Knowing the safe minimum staffing levels also helps senior staff and staff plan if sickness occurs. Staff we spoke with mentioned that when staff were sick it means people still get the support they need but that this is within the home because it is hard to enable people to access the community when only three staff were on shift. Staff were clear that there is always something to do in the house. Staff told us that staffing levels were appropriate to the needs of the people using the service. A staff member we spoke with said, "We are always safe."

People who used the service confirmed that staff were available should they need them through the night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support people to prepare for their Halloween party during our visit.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection all of the six people who used the service were provided with full support to manage their medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked people's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medicine was for and potential side effects. We saw there were regular management checks to monitor



## Is the service safe?

safe practices. Staff responsible for administering medicines had received medicines training. This showed us there were systems in place to ensure medicines were managed safely.

We spoke with a person supported about their involvement in their medicines. Although staff were in control of the medicines, this person was supported to be part of the process and was supported to be as independent as possible. For example one person was supported to be independent when they took a particular medicine and they were just observed by staff. They would then record

they had done this. The person was pleased they could do this. We discussed with the team how they could develop people's skills in managing their own medicines more independently in the future, where the person supported was keen for this to happen. Staff were positive about developing people's skills and explained they would support people step by step to become as independent as possible in this area.

One person told us "I have 3 tablets, staff help me in the morning and at night, they always remember."

# Is the service effective?

## Our findings

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. The 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 and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make 'best interest' decisions. However we did not see appropriate documentation in place for people who lacked capacity. In the two care records we looked at no MCA assessments were present. For one person we spoke to the team about the person supported and it was clear they felt the person did not have capacity to consent to care and treatment in some areas. The staff were working in a way which empowered the person to make their own choices about day to day decisions including using pictorial communication tools to enhance the person's decision making. We discussed with the registered manager the process of assessing capacity and recording the decisions made in peoples best interests to evidence the care and support they were delivering. This process was not being used and this meant they could not evidence people have consented to their care and treatment and therefore people were at risk of decisions being made that would not be in their best interests.

This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, one person who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "Staff do a good job, they are taught well, they are kind and helpful and they are all nice."

We discussed with the registered manager the training staff received and we were provided a copy of the current training matrix. We could see from this that there was a wide variety of training available to staff which included all of the generic induction topics such as moving and handling, food hygiene and safeguarding. We also saw the extensive additional training people had received including specialist training such as learning disabilities awareness, autism, challenging behaviour, person centred thinking and risk assessments. Staff at Ransdale House were also supported to develop their British Sign Language skills and competency and the registered provider pays for people to attend this training.

The matrix showed us that most training was up to date but that some people had never received some elements of the training or their refresher training was not completed. Following the inspection the registered manager informed us that the matrix was not up to date, they provided us with additional information which demonstrated most staff were up to date and that staff had commenced completing additional e learning training in safeguarding.

The registered manager showed us the induction booklet staff will now complete and they explained that the Care Certificate will be completed with all new starters. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. Staff told us how their training had involved reading the care and support plans of all people who used the service, reading policies and procedures and shadowing experienced staff until they felt confident and competent. We were told by the registered manager that staff would always shadow alongside a person who can sign well or a member of staff who is deaf until they were confident communicating with people.

One staff member told us, "I have had MAPPA (challenging behaviour) training which really helped me when I found myself in a challenging situation."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual personal development review. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to

## Is the service effective?

confirm that supervision and appraisals had taken place. However records showed that staff had not received supervision every eight weeks as we were told it should happen. Some of the staff we looked at had been off work for a variety of reasons and this had impacted on the levels of supervision but others were not on track to ensure that they had the six support sessions in 2015 the registered provider told us they should have. A staff member we spoke with who was deaf told us that an interpreter was booked to support the supervisions they had and for team meetings. They explained where this is not possible the management will ask permission if it is ok not to have an independent signer and for them to sign to each other; they said they always ask permission.

There were plans in place to improve the training and supervision compliance and that the registered manager was working with the registered provider to address this.

Staff and people who used the service told us that people were involved in making choices about the food that they ate. The registered manager told us that staff and people go shopping for food. On the day of the inspection people showed us the file they use to pick their menu each week. The file contained a pictorial menu of all the foods people were known to like. People who used the service told us that staff promoted healthy eating. One person explained how they make healthy choices with food and another person showed us the exercises they do to help them keep fit and healthy. Staff told us that each person is given the chance to choose the main meal on one day every week. We were told that people can also choose something different if they do not like this option.

One person supported showed us the place where they write what they eat. This provided a record for the person themselves but also helped staff to monitor how well people were eating. One person told us "Yes I am happy with the food; my favourite is gammon, lasagne, potato wedges, fish bites and scampi." Everyone smiled at this comment and they told us they all knew this person liked fish. Another person told us "My favourite foods are chicken, I always choose chicken, I go food shopping and I choose things off the shelves, I cook food. I cooked chicken curry and lasagne for my girlfriend. I do Sunday lunch as well when it is my turn."

Another person told us how they make their sandwiches for a day service and how they pick healthy options for the lunch box.

We saw that people were happily accessing the kitchen to get snacks and drinks during the inspection. We spent time with everyone over lunchtime. People supported were seen setting the table organising where to sit and communicating about upcoming events. The atmosphere was calm and relaxed. Everyone had a choice of lunch and some people helped with preparation and others with tidying up afterwards. The food was nutritious and of good quality. The whole experience was positive to observe and be part of.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. Staff regularly weighed people and recorded this, they used the information to decide if people needed professional support. We were told one person regularly sees a dietician. However, staff did not complete nutritional assessment documentation. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority. During the inspection staff had already accessed the MUST tool and were starting to implement this in people's individual files.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and people had been supported to choose their own GP. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports in place. Hospital passports are used to provide staff within hospitals with all the essential information they need to know how to support a person well and safely whilst they are in hospital. Peoples hospital passports at this service also included information on basic sign language to help hospital staff communicate with people if staff from the service were not with them.

We saw people had been supported to make decisions about the health checks and treatment options. One

## Is the service effective?

person was supported with exercises prescribed by the physiotherapist to help with movement. One person was supported to choose which hospital they would prefer treatment in when they needed to visit.

One relative we received feedback from said “I have no complaints at all the communication between the service and me during illness is great.”

One of the people supported told us “I do exercise every day, it makes me feel happy.” Another person told us about how they access the local gym regularly to keep fit.

Staff told us people who use the service can become anxious and display challenging behaviour towards each other and staff. Staff told us about how they work to help people communicate between each other and understand each other’s personalities to promote harmonious living. We observed the registered manager listening to one person when they felt another person supported had treated them badly. The registered manager intervened respectfully and supported the person to understand both sides of the issue and to work out a plan to move forward. This approach saw both people calm and they were later seen communicating well together.

Staff we spoke with told us of historical events where situations had become more challenging and they had to physically intervene. We saw on the training matrix staff had been trained to intervene physically during challenging incidents. Staff spoke about these situations in a positive way, explaining about how they understood the triggers and they were really supportive of the person who was challenging them in a way that promoted more understanding and fostered good relationships with the person. They had intervened physically but in a way that still helped the person supported be in control. This means the situation did not escalate and this prevented further harm to everyone. The registered manager and staff we spoke with demonstrated that they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were behaviour plans in place which the registered manager could demonstrate were working for people.

One of the professionals we received feedback from told us that they had been told by a relative that they were thankful of the support provided to their relative with managing their behaviours recently.

# Is the service caring?

## Our findings

At the time of the inspection there were six people who used the service. People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, “All staff look after me.”

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a relaxed atmosphere and people were excited as they were planning their Halloween party, some people were carving out pumpkins in the conservatory, others showed us the planning they had done to name the menu and party games in a spooky way. Everyone was observed to be really involved and happy to be preparing for the party. Throughout the day we saw staff interacting with people in a very caring and friendly way. When we arrived at the service we saw one person who used the service seek out the registered manager to help solve an issue. The registered manager responded by listening and reassuring the person.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example when people were trying to communicate through sign and were struggling to get their point across staff would support the person to rethink and try again; the message always became clear with this approach. Staff were skilled with communicating with those people who had some difficulty with communication because of their hearing loss. All staff were observed using their signing skills to bring banter, humour and affection into the lives of the people supported. This created an atmosphere and culture of mutual respect. There was a real sense of ‘we can do it’ and this transferred into real life examples of people achieving new experiences and goals. For example the person with the most complex needs had limited signing skills. The time and effort staff had put into knowing the persons level of understanding and preferred communication method meant we were able to observe the person communicating who they liked, what food they liked and where they liked to visit. We could see real understanding from this person as they became really

animated about the things they liked to do. This displayed to us a real passion by the staff team to ensure each person was empowered through positive communication. This displays respect for people supported.

When one person who used the service got mixed up, the registered manager very respectfully corrected them. This showed that staff were caring. Staff told us how they worked in a way that protected people’s privacy and dignity. For example, they told us about the importance of alerting people they were at their bedroom or bathroom door and ensuring they received permission before they entered. Part of the assistive technology at the service includes flashing lights of a particular colour to alert people supported to their own doorbell on their bedroom door being pressed by someone. Staff and people supported all told us the process by which people supported will let staff know before they would give permission to enter their private space. Staff also told us about how one person supported is unable to answer the door and so they had agreed a process by which they know when to enter after a certain period of time so the person can be prepared. A person supported told us that they preferred to be supported by females only during personal care and that this was respected. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

A relative we spoke with told us “xxx [person supported] has come on great because they (staff) know them that well, the whole place is great.” Another relative told us “We were anxious when xxx [person supported] moved, we were supported well and it works for us all, xxx [person supported] is a happy and confident person and xxx [person supported] has their own life.”

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We also saw that people were in control. People supported were observed accessing all areas of the service; everyone had their own routine which involved cooking, cleaning, exercising, taking part in activities and spending time with each other. Staff did not direct this, people supported did. Staff were observed helping people

## Is the service caring?

negotiate with each other to share resources such as bathrooms or TV's but at no time were staff observed taking over. This meant people were truly empowered to self-direct their own support in their own 'home'.

The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection one person showed us their bedroom which was very personalised. They told us about all the pictures and personal objects and what they meant to them. We also saw that there were many photographs of people who used the service displayed on the walls in the communal areas. We saw the notice board in the dining room which gave people information about a vast array of things such as how to raise concerns and pictorial policies. We spent some time with two people who took great enjoyment looking at these and telling us about everyone in the photographs and what they were doing. They were particularly keen to tell us about the trips and events they had taken part in over the past year such as the themed dinner parties, visits to the theatre and parties the service had hosted. These were recorded on the six monthly review document we saw.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. A staff member told us "We let people know that they can and should do as much as possible for themselves and as safely as possible and if they do it wrong, we will show the right way, people have full involvement in cooking etc. We

ask people their opinions of where they want to go and what to do, one example is when someone we support independently used a taxi to visit a friend, they were really proud of this and we made sure we supported it."

We were told another example where a person had no concept of volume when using products in the bath, this meant they may use a whole container in one bath. This meant staff needed to stay with the person to prevent an accident. Staff told us they thought of solution which meant the person could be independent bathing and also they had their privacy. The solution was to buy small containers in which they put enough solution for one bath. This meant the person had their privacy during personal care.

One person had assistive technology on their bedroom door which had fingerprint recognition; this allows the person entry to their room independently without the need for staff support."

These examples meant that the staff team was committed to delivering a service that had compassion and respect for people.

At the time of the inspection one person was supported by an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff included the advocate in meetings about the person and when they asked the person about the advocate through using symbols to communicate, we observed the person who signed happy and thank you. This displays the value the person puts on having someone to support them in their life that is independent from the paid support they receive. Staff told us the person having an advocate was important and they ensured the advocate was fully involved in the person's life. We saw records of meetings where we could see this did happen.

# Is the service responsive?

## Our findings

Staff and people supported told us that they were involved in plenty of activities and outings. One person said, “I am never bored, I am always busy, I do my nails, eyebrows, I work in the cafe at my day service, I have been on the train to London to see Hairspray and I visit my family.” Another person said, “I like to go into Middlesbrough shopping.” They told us that they were going to see Blackpool illuminations soon. Another person was supported through picture symbols and sign to communicate they liked the Norden centre, pubs and baking with staff.

People told us how they liked to manage their money so that they had money to spend going out but that they also had money for holidays and to buy presents at Christmas. The service had an allotment where everyone went to grow vegetables and fruits. Everyone told us they enjoyed this. Staff and people supported were really very excited to tell us about the ‘Theme nights’ they have had. We were told everyone takes it in turn and choose a place from around the world, they then work with staff to choose a menu from this place and they go shopping for the different food and cook a three course meal for everyone from that country. We saw pictures on the notice board of past events which included a Japanese night and African theme night.

On day one of the inspection one of the people supported was on holiday with staff. The person had chosen a place to go where they could do things they enjoyed. They had chosen the staff to support them on holiday. The person’s family told us ‘it is a lads weekend, that they chose and they loved it.’

We were told about holidays, visits to the theatre, holidays, exercise through swimming, the gym and visits to the Darlington Deaf Club where people go to socialise with the deaf community. We were told by staff and people’s families how important it is for the deaf community to keep in touch as this helps people remain up to date with their signing abilities and communication as well as building relationships with people. The staff at the service support this. One family member told us “xxx [person supported] is not isolated or cut off from the deaf community, we couldn’t ask for anything better.”

A computer was available in the conservatory for staff and people supported. Staff told us how they use this to help people investigate options of where to go. It is also used to

make information and documents such as meeting minutes accessible to the people supported. This meant people were fully empowered and included in the life they chose and the service they lived in.

We were given an example of how staff worked over and above their expected duties to make things happen for people they supported. One person wanted to go the gym and once at the gym had the skills to be independent exercising. Staff worked alongside the person to plan a goal for them to travel independently to the gym. The person supported told us the steps they planned together, which involved having a way of seeking help if needed and knowing the route to take. Over weeks the person was supported to build their confidence and skills. They were really proud to tell us how they had achieved their goal and that they now access the gym independently.

The service had a staff matching tool they use to help people identify which staff they particularly like to do specific activities with. This works to facilitate people having staff with them doing an activity where people had similar interests. We were told it made the experience more fun because everyone was fully motivated and interested. People supported told us “I like xxx [staff] going to football with me.” The care plans also reflected the staff matching for activities such as parents visits, swimming and holidays.

During our visit we reviewed the care records of two people. We saw people’s needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people’s personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans. We saw that one person who was unable to sign their consent was supported through person centred tools to voice their opinion of the support they were receiving, this involved using symbols of yes and no. These tools were then used at a review meeting where the person was asked about a particular area of support and then chose a positive or negative answer. The chosen symbols were then stuck against the symbols of the support area demonstrating the person’s opinion. This was a really innovative way to evidence a person’s involvement in review and decision making.

We saw each person had a key worker whose role it was to provide one to one support, make sure people were in contact with their family, attend appointments and support

## Is the service responsive?

the person with goals. Goals were seen in the plans that we looked at and the progress was clear, also once a person had achieved their goal the skill or achievement was celebrated and built into the support plan. For example one person did not have the skill to sign the people's names or staff's names and this left them vulnerable as they could not communicate to tell people if something was wrong or a particular person was harming them. Staff produced a goal that meant the person could learn the initials in sign of each person, we observed the person using the signs during our visit. Not only had this achievement opened up the person's communication it also meant the person can now effectively tell people about others if needed. Staff have worked really hard to empower this person through developing their communication. It demonstrates their caring and compassionate approach to their role.

The care and support plans detailed how people wanted to be supported. We found that care and support plans were reviewed and updated on a regular basis. Care and support plans were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. The plan of one person told us they wanted to be more independent in life skills and maybe live more independently in future. Staff made sure they were supporting this in the service and had supported the person to access college to develop skills. The support plans were in an accessible format based on the person supported's own communication method. Staff had used pictures, symbols and plain English to help with this. This meant people were involved in the development of plans.

The registered manager told us that care plans were reviewed every three months and that each person had an annual review. The documentation we saw confirmed this. A professional who visits the service told us "Residents are well looked after, very personalised support plan. Staff are well prepared for reviews, comprehensive paperwork and people are always fully involved along with their advocate."

During the inspection we spoke with staff that were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure, but we were told that people who used the service did not understand this document fully at the time it was produced. We were told staff then used role play in a meeting to explain the content of the policy. This is an example of staff 'thinking outside the box' to ensure people received the best possible information to empower them. The registered manager told us people now know how to complain because of this. People supported confirmed to us they knew who to go to if they had a complaint. One person told us "to complain I talk to xxx [registered manager], if they are not there I talk to xxx [deputy manager] or xxx [senior]."

We looked at the complaints file and saw that a person supported had raised concerns in the past twelve months and that this was recorded as a concern. The issue was dealt with at a local level to the person's satisfaction.



# Is the service well-led?

## Our findings

People who used the service spoke highly of the registered manager, one person said “xxx [registered manager] is the boss, I like them.” And another person said “they are alright [registered manager], always nice, helpful and good.” One person told us While x [registered manager] is on holiday I will keep an eye on the place, x [registered manager] can have holidays but they must come back.”

Staff spoke positively of the registered manager, they told us they felt they were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “xxx [registered manager] is a good leader, we speak up and we bring issues and we are supported. The whole setting is not like a care home it is their home.” Another said, “xxx[the registered manager] is very supportive, I absolutely feel supported.”

Staff told us the morale was good and that they were fully involved in how the service was developed. One person said, “We are open and honest, we stick together and our vision is to provide safe support with people. To have new ideas and move forward, everyone does their best to make things happen for people, we go one step further.” They told us that team meetings took place regularly and they were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included policies, health and safety, person centred working and people supported outcomes. Interpreters were booked for all meetings and where one could not be provided permission was sought for one of the senior staff to sign for the staff that were deaf.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. The registered manager told us that the best people to tell us how successful the meetings were should be the people supported themselves. When talking to people we were told about a shared goal that everyone supported and the staff team had. This was to look to find a place where everyone could be supported, but in their own flat, to have their own space, bathroom and kitchen. We saw a real

sense of working together and the registered manager told us this culture had been developed by working together as a team. This meant people supported were listened to and empowered to not only voice their issues but act upon them.

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 was able to show us numerous checks which were carried out on a weekly or monthly basis to ensure that the service was run in the best interest of people and in a safe way. These included checks on health and safety, medicines, infection control and accidents, amongst other areas. This helped to ensure that the home was run in the best interest of people who used the service. The audit the registered manager completed monthly to oversee all of these checks to confirm quality and safety is completed online and the registered provider could see this document live to monitor progress. Sections that were not meeting the required standard were coloured red to highlight an area of issue. We saw online that during visits the registered provider had looked at evidence to re-grade these areas once actions were completed. We did note that the audit was of a tick box nature and we were told by the registered manager the tool was due to change as the new system will be matched to the CQC areas of Safe, Effective, Caring, Responsive and Well led. One area on the audit noted as green for compliant was the check that periodic testing of electrical equipment had taken place. Although the registered manager had signed this as compliant the records showed this check was out of date. The registered manager actioned a new test immediately and acknowledged that they must physically check all areas asked to on the audit to ensure the audit is effective. The audit also did not pick up on the same issues we did during inspection such as; recruitment documents not being held in the service, training not being up to date, consent under the Mental Capacity Act not being evidenced in care plans and nutritional screening tools not being used. This meant the audit was not robust and therefore areas of quality and safety were not being monitored effectively.

## Is the service well-led?

The registered manager told us a senior manager visited the service regularly to monitor the quality of the service provided. We saw records of visits for February, June and July 2015. Where areas for improvement were identified action plans had been developed and completed.

We saw that a national survey had been carried out in 2015 to seek the views of people supported. It showed that 96% out of the 56% of people who responded nationally were happy with their support from RNID Action on Hearing Loss. One of the actions was for the registered provider to look for new ways to involve people in choosing their new staff.

We also saw a national document where services were asked locally to assess standards and feedback to the national group to help drive improvements across the country. One area was communication. Ransdale House had completed this assessment for the registered provider and recommended that Wi-Fi was available to help with communication. This assessment had been sent to the registered provider to help influence bigger change. This meant the people supported were involved in shaping the future and having a say about the organisation they were supported by. This demonstrates inclusion.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People were supported to make decisions about their care and support, but where people may lack capacity to do this they had not been assessed or decisions made in their best interests recorded.