

Achieve Together Limited

Ransdale House

Inspection report

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21 February 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ransdale House is a residential care home providing personal care to a maximum of 6 people who have profound deafness or significant hearing loss and who have other disabilities or additional support needs. At the time of the inspection 5 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Risks to people were not always appropriately assessed, monitored and managed. This meant people were not always supported in a way which fully protected them from the risk of harm. People's medicines were not always safely managed. People were supported by staff whose training was not always up to date. We have made a recommendation about this. People were supported in an environment which required redecoration and some areas of maintenance. People told us the environment would better suit their needs if it were more spacious and if people had their own bathrooms.

People were supported by a long-standing, kind and caring staff team and people told us they felt safe. People were supported by staff who were safely recruited. Staff supported people to have the maximum possible choice, control and independence and to have control over their own lives. People were supported by staff to pursue their interests. People were supported to attend medical appointments.

Right Care: People's care, treatment and support plans did not always fully reflect their needs and staff sometimes had difficulty accessing these records.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture: Quality assurance was not always effective and regulatory requirements were not always complied with. Staff did not always feel supported or valued by the provider.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service has changed provider. The last rating for the service under the previous provider was good (published 4 July 2018).

This service was registered with us with the new provider on 30 June 2021 and this was the first inspection under the new provider.

Why we inspected

This was a planned inspection to assess the standard of care delivered by staff and award a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about ensuring staff training is kept up to date.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ransdale House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

An inspector and a pharmacist specialist carried out this inspection. A British Sign Language interpreter joined us on 1 inspection visit to enable us to communicate effectively with people who used the service and staff who were deaf.

Service and service type

Ransdale House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ransdale House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The following visits to the service were announced.

Inspection activity started on 14 February 2023 and ended on 8 March 2023. We visited the location's service on 14, 15 and 21 February 2023 and 3 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 5 people who used the service and 1 relative about their experience of the care provided. We spoke with, and received written feedback from, 9 members of staff including the registered manager, the regional manager, the deputy manager, and support workers. We reviewed a range of records. This included 3 people's care records, 1 recruitment file and 3 people's medication records.

A variety of documents relating to the management of the service, including audits and quality assurance documents were reviewed. We liaised with the local fire service and safeguarding authority.

Is the service safe?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people were not always appropriately assessed, monitored and managed. One person did not have a safe fire evacuation plan in place. The provider did not ensure there were enough staff working at night to be able to safely evacuate this person. Night-time fire evacuation drills had not taken place at all, and fire drills generally had not taken place in line with the provider's policy.
- Risk assessments for the use of bed rails were not in place. There was no evidence provided that bed rails had ever been professionally serviced or maintained. No bed rail checks were recorded, and the registered manager was not able to tell us what the safe measurements for people's bed rails were.
- One person had displayed signs that they were experiencing distress. There was no behaviour support plan in place for this person. This meant there was no guidance for staff around what might cause this person distress and how this should be appropriately managed in the least restrictive way possible.
- Staff did not always have access to people's full support plans. Some important information around risks to people was stored electronically and some staff had difficulty in accessing this information.

The provider failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We liaised with the local fire service around our identified fire safety concerns. The provider increased night-time staffing levels. The registered manager carried out mock fire drills with staff and people using the service to ensure they knew what to do in the event of a fire.
- Following our feedback, the registered manager arranged for bed rails to be serviced, spoke with people about the use of bed rails and implemented risk assessments.
- The provider confirmed the service would be supported by the provider's Positive Behavioural Support specialist.

Using medicines safely

- Systems were not in place to ensure medicines were always safely managed. Records were not always complete, and staff did not always follow the provider's medicines policy.
- People's medicine care plans and profiles were not always up to date and contained incorrect information.
- Some people were prescribed medicines to be taken on a 'when required' basis. Guidance was not always in place to support the administration of these medicines.
- Records for the application of creams and lotions did not always show they were applied as prescribed.

The provider failed to have systems in place to ensure medicines were always safely managed. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely with appropriate temperature checks taking place.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse and neglect by a long-standing, kind and caring staff team. People told us they felt safe. One person told us, "I feel safe and supported: it feels right."
- Not all staff had received up to date safeguarding training. The registered manager arranged for this to be completed.
- Staff knew how to raise safeguarding concerns. However, some safety concerns we identified on inspection had not been recognised or raised by staff as safeguarding concerns.

Staffing and recruitment

- The registered manager and staff team always ensured there were enough staff to safely support people. Recruitment was ongoing. When the service experienced staff sickness, staff told us they pulled together and always covered shifts.
- Staff retention was good. There was a core and committed long-standing staff team.
- Staff were recruited safely. Appropriate pre-employment checks were completed. Where possible, people who used the service were involved in the recruitment process.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting at the time of our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to effectively support people. However, staff training was not always up to date in several areas including safeguarding, infection control, de-choker training and fire awareness.

We recommend the provider ensures staff training in all relevant areas is completed and staff complete ongoing refresher training when appropriate.

- Some staff told us they struggled to access or benefit from e-learning and would prefer more face to face sessions to improve their understanding. One staff member told us, "Sometimes the signal dips out during online training. I prefer going to a place where I can see people and see what is going on."
- Staff received regular supervisions and most staff told us these were useful. Staff told us they felt supported by the registered manager. One staff member told us, "[The registered manager] has always been approachable and will go out of her way to support staff."

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

- People told us they would prefer a larger home, their own bathrooms and a more wheelchair friendly garden. Staff told us that if people had their own bathrooms, this would improve wellbeing and help promote independence.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Some areas of the home were tired and needed redecoration. A home improvement plan was in place.
- Some maintenance issues within the property remained outstanding for long periods of time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly assessed. People, those important to them and staff reviewed plans regularly together.
- Staff knew people well and knew their needs. Staff knowledge was not always reflected in paperwork and some key information was missing from support plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. On one occasion we found people had not been given full information about a particular decision to enable them to give informed consent. The registered manager discussed this decision with people fully following our feedback.
- DoLS were in place appropriately and conditions related to authorisations were being met.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People with complex needs received support to eat and drink in a way that was safe, and which met their personal preferences as far as possible.

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

- People were supported to attend annual health checks, screening and primary care services. People told us staff supported them to access GP and dentist appointments when needed.
- People were appropriately referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People had one-page profiles and health passports which were used by health and social care professionals to support them in the way they needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Key workers had very good relationships with people and were committed and passionate about supporting people to live fulfilling lives.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff members showed warmth and respect when interacting with people. One person told us, "All the staff are fantastic. I am very happy, and I think everyone else is happy too."
- Staff were patient and used appropriate styles of interaction with people. Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- Staff supported people to be involved in decisions about their care. People were given time to process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication. Staff took the time to understand people's individual communication styles and develop a rapport with them. All staff were able to use British Sign Language, and other tools such as mime and communication books were used.
- People had the opportunity to try new experiences, develop new skills and gain independence. Each person's support plan identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and these outcomes were monitored and adapted as a person went through their life.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff spoke knowledgably about tailoring the level of support to individual's needs.
- People's preferences, for example the gender of staff, were identified and appropriate staff were available to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People using the service, and some staff members, had profound deafness or significant hearing loss. All staff could communicate using British Sign Language.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Information was available for people in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff enabled people to broaden their horizons and develop new interests and friends.
- Staff helped people to have freedom of choice and control over what they did. Staff ensured adjustments were made so that people could participate in activities they wanted to. People attended day centres, events and parties, and had trips to the theatre and the pub.
- People took part in activities in the house together, such as arts and crafts, cinema nights, theme nights and baking competitions. People planned and went on holiday together. People had formed good friendships within the house.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Appropriate policies and procedures were in place.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- There was no-one receiving end of life care at the time of the inspection. Staff supported people to express their wishes and these were recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Systems and processes did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Quality assurance was not always effective. Audits completed by the registered manager had not identified the issues we found on inspection.
- Audits completed by the provider had identified some issues we found on inspection, but not all. Where issues had been identified by the provider, effective actions had not been taken as the same issues remained at the time of the inspection.
- The service did not always comply with regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. During inspection we found the service had failed to submit several notifications.

The governance and quality monitoring of the service was not robust enough to ensure people were protected from the risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The failure to notify CQC of important incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff told us they did not always feel supported or valued by the provider. Staff spoke about problems accessing new electronic systems and a lack of clarity around new policies and procedures.
- The registered manager had an open-door policy and staff told us they could go to the registered manager whenever needed. Regular staff meetings took place.
- Staff sought people's views and feedback regularly. Regular group meetings took place, and individual feedback sessions / reviews where people were supported using communication methods suitable for them.
- Staff made appropriate referrals to other professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture within the service. The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

- The service was consistently described as being like a family home. One relative told us, "[Ransdale House] is a homely but stimulating environment. We have peace of mind to know that [person] is being so well cared for by empathetic, kind care staff. They are very professional yet remain 'human' and this creates a warm atmosphere."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to robustly assess the risks relating to the health, safety and welfare of people. Regulation 12(1) and (2)(a) and (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have systems in place to ensure medicines were always safely managed. The governance and quality monitoring of the service was not robust enough to ensure people were protected from the risk of harm. Regulation 17(1) and (2)(a), (b), (c) and (f)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Commission of a serious incident.

The enforcement action we took:

The Commission made the decision not to pursue any enforcement action.