

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

Inspection report

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Date of inspection visit:
19 March 2018
03 April 2018

Date of publication:
21 June 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

RNID Action on Hearing Loss Ransdale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides personal care to a maximum of six adults who have profound deafness or significant hearing loss and who have other disabilities or additional support needs. At the time of the inspection there were six people who used the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

At our last inspection in October 2015 we rated the service as Good. However, we found for people who did not always have capacity, staff had not completed mental capacity or best interest assessments. The provider wrote to us telling us the action they were to take to address this. At this inspection on 19 March and 3 April 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, we did rate the caring domain as outstanding and this section is lengthier to reflect our 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided outstanding care to people. Staff were exceptionally caring and inspired people to do well in achieving their goals. People were cared for by staff who knew them well and understood how to support them and maximise their potential. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, this was reflected in the care and support that people received. We saw that staff treated people with dignity and respect.

Staff understood people's different ways of communicating and how to make people feel valued. The home had a strong, person centred culture and staff went that extra mile for the people and families they supported. We received feedback from people, a relative and professionals which was exceptionally positive about the progress and quality of life that people experienced.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring.

Medicines were managed safely with an effective system in place.

People and relatives told us there were sufficient numbers of staff on duty to ensure people's needs were met. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

On the first day of our inspection we found the service needed redecoration and improvement. The provider did not own the building, they had a rental agreement with a landlord. The landlord was responsible for most of the refurbishment and redecoration. Where repairs had been made previously these had not been made to a high standard. In addition, essential repairs such as replacing cold smoke seals on doors following a visit from the fire authority had not been addressed. We pointed out our findings to the registered manager at the time of the visit who contacted senior management and the landlord who visited during the inspection to commence repairs and refurbishment. The registered manager contacted us after the inspection to inform us work had been completed to a good standard.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported to have a good diet which met their needs and preferences. People told us they could choose what food they liked to eat and helped staff to prepare and cook this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The premises were clean and tidy and staff followed safe infection control practices.

The service had a clear process for handling complaints. The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us they provided and accessed information for people that was understandable to them and ensured information was available in different formats and fonts.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The Service remains Good.

Is the service effective?

Good ●

The Service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

This service was exceptionally caring.

People were extremely well cared for. People were consistently complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and dignity were promoted.

Staff interacted with the people in a way which was particularly knowledgeable, kind, compassionate and caring.

Staff took time to speak with people and to engage positively with them.

Is the service responsive?

Good ●

The Service remains Good.

Is the service well-led?

Good ●

The Service remains Good.

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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.

This inspection took place on 19 March and 3 April 2018. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the registered manager of the second date of our inspection. The inspection was carried out by one adult social care inspector. A British Sign language interpreter joined us on inspection to enable us to communicate effectively with people who used the service and staff who were deaf.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to Care Quality Commission (CQC) by the provider. To inform our inspection planning we contacted health and social care professionals to seek their views on the care and service provided.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records. This included two people's care records and medicines records. We also looked at two staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and joined people for lunch. We spoke with five people who used the service and one relative. We spoke with the registered manager, deputy manager, office administrator, a senior support worker and three support workers.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person told us, "Yes safe, I like living here. I like [name of registered manager] and I like the staff." A relative told us, "It never crosses my mind that [name of person] isn't safe."

Staff had received training in preventing and detecting abuse. They were able to discuss the signs that might alert them to suspect different types of abuse and knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately.

We checked staff recruitment records and found that suitable checks were in place. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

There were enough staff on duty during the day and night to ensure people's needs were met and they were safe. The registered manager told us staffing levels varied according to need, the number of people receiving care and if people were attending medical appointments or taking part in activities and outings. At night staff went to sleep when people who used the service went to bed, however people were able to call on staff during the night should they need support.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and medicines were stored safely and securely. Staff had been trained in the safe administration of medicines. The registered manager told us they checked staff competency to administer medicines but this was overdue, however, they confirmed that these were to be undertaken within the next few weeks.

Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. Risk assessments had been reviewed and updated on a regular basis. People were encouraged and supported to take responsible risks such as going out into the community independently.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on gas safety, the fire alarm, fire extinguishers and the electrical installation. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

During the inspection we looked at some bedrooms, toilets, and communal areas and found that the environment was clean and staff followed safe infection control practices. Personal protective clothing such as aprons and gloves were readily available for staff to use.

Staff were aware their responsibilities to raise concerns, to record accidents and incidents and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

Is the service effective?

Our findings

At our last inspection of the service in October 2015 we found for people who did not always have capacity, staff had not completed mental capacity or best interest assessments. At this inspection we found the registered manager had taken action to address this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For some people it was not deemed necessary for a DoLS application to be submitted to the local authority. For other people applications had been submitted to the 'supervisory body' for authorisation to restrict a person's liberty, as it had been assessed that it was in their best interest to do so.

Care records we reviewed included detailed assessments and care plans. The assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. We found that people who used the service were supported to have a good quality of life. They were supported to have as much choice and control over their lives as possible and people's decisions and choices were respected by staff. One person told us, "I'm happy. I do cooking, go dancing and go to the gym. They [staff] are really good."

Staff confirmed that they had regular supervision; this was a one to one meeting with the registered manager or another senior member of staff. Staff told us the registered manager and other senior staff were always available for support. Through supervision it could be identified if further support was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wanted to develop further or training they wanted to receive. One staff member told us, "I get support from other staff and the manager and I have a one to one about every six weeks. I love working here."

Discussions with the registered manager and staff and the records we looked at showed staff had received the training they needed. This included training in, safeguarding, fire safety, emergency first aid, British Sign Language (BSL), understanding learning difficulties, nutrition, infection control, moving and handling and health and safety. The service employed both hearing and deaf staff. A staff member told us when face to face training was arranged there was always a BSL interpreter present to support them with their training and to ensure the training was fully understood.

People were supported to have a good diet which met their needs and preferences. People told us they could choose what food they liked to eat and helped staff to prepare and cook this. One person told us, "I love cooking." This person told us how they liked to cook for their friend who was a regular visitor at the service for tea." Another person told us, "I help with the cooking. Thursday is sausage and mash and I love that."

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, their doctor, community nurses, social workers, speech and language therapists and chiropodists. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

On the first day of the inspection we walked around the service and found this to be in real need of redecoration and improvement. The provider did not own the building, they had a rental agreement with a landlord. The landlord was responsible for most of the refurbishment and redecoration. The bathroom and shower rooms needed upgrading. When wall tiles had broken repairs had been made with tiles that did not match. There was mould on one bathroom wall and ceiling which we were told had been addressed but kept coming back. Upstairs walls were marked and in need of painting and in the laundry, we found skirting board was missing. Where repairs had been made previously these had not been made to a high standard. In addition, essential repairs such as replacing cold smoke seals on doors following a visit from the fire authority had not been addressed until after our inspection. We pointed out our findings to the registered manager at the time of the visit who contacted senior management and the landlord who visited during the inspection to commence repairs and refurbishment. The registered manager contacted us after the inspection to inform us work had been completed to a good standard.

Is the service caring?

Our findings

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, this was reflected in the care and support that people received. People were exceptionally well cared for and were consistent in their high praise of the service. One person said, "I like living here. I like [name of registered manager] and I like all of the staff." Another person told us, "I'm happy. Staff are fantastic." A relative commented, "I have always felt a core part of it. They [staff] are genuine and really care about all of the residents. I appreciate the warmth and kindness that [name of person] has received." The interpreter who accompanied us on our inspection told us people's body language and gestures they made including their wide smiles told us people were exceptionally happy.

Staff were exceptionally keen to provide people with person-centred care and they demonstrated empathy and understanding of each person's individual needs. At the time of the inspection a close relative of a person who used the service had died. This person became upset many times during our visit and staff provided excellent reassurance, support and explanation in addition to many hugs which the person clearly found comforting. Staff were supporting the person to attend the funeral. This wasn't the first occasion when staff had needed to support people when a close relative had died. The registered manager and staff had supported two other people when their relatives had died and helped them to buy garden furniture to put in the garden at the service, to remember their relatives.

When one person who used the service was admitted for a stay in hospital staff went out of their way to ensure the person was exceptionally well cared for. In addition to being deaf this person also had a physical disability and needed to be cared for in a very particular way. Staff were aware that this person would be anxious and to reduce anxieties staff stayed with the person during the day and night. Staff did not always get paid for the time they spent with the person at hospital but did this because they cared so much about the person and their comfort.

Most of the staff had worked at the service for many years and described people who used the service as their extended family. One staff member told us, "I love working here. I love to support people." Another staff member said, "I love it. It's a family kind of setting. My job is extremely rewarding." A relative commented, "The staff know [name of person] very well. There has been a very consistent and very steady group of staff for a long time and [name of person] values that enormously."

One staff member told us that people who used the service were so important to them that they were all invited to celebrate their wedding in a few months' time. People were clearly very pleased to be invited to this wedding and told us they were looking forward to this very much.

The registered manager told us the service existed to provide a secure and stable environment in which people could become more confident, skilled and independent. The registered manager and staff were extremely focussed on ensuring the wellbeing of people who used the service. When one person who used the service expressed an interest in doing some voluntary work at a local hospital staff worked exceptionally hard to ensure they received this placement. To enable this placement to go ahead and to support

independence staff spent six months teaching the person to text and FaceTime. FaceTime enables its user to video call people so they can chat and see each other. This meant the person could commute to and from the hospital independently and keep in contact with staff at the service to let them know when they had arrived at the hospital and were leaving to return home. This also enabled the person to communicate with staff without the need for an interpreter. This didn't only benefit the person when they went to their placement but at other times. They could now text and FaceTime their family and friends and access social media without staff intervention which also meant they had more privacy.

We spoke to this person during the inspection who told us they very much enjoyed this work. They told us, "I make tea, coffee. I give out biscuits. I help [name of volunteer co-ordinator] doing this." This person gave us two thumbs up sign. The interpreter who accompanied us on our inspection told us the person was expressing total satisfaction and enjoyment with their placement. We also spoke with the relative of this person who told us, "There is always space for people to change and develop. They got [Name of person] a place at hospital and he has grown and developed and he is much more confident." The relative told us this work had given the person a sense of purpose, pride and enabled them to go out more into the local community. A professional wrote and told us, '[Name of person], his voluntary placement at James Cook appears to have had such a positive impact on him. He always looks so happy and motivated having been, the difference is notable.'

We found that staff at the service were tremendously welcoming. When staff reported for duty they individually greeted people who used the service and when they finished their shift they said goodbye. The atmosphere was relaxed and friendly with staff and people who used the service enjoying friendly banter. Staff were passionate about their work and demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. Where people were anxious or in need of reassurance we saw staff interacted with them in a kind and compassionate way. One person who used the service was very anxious about treatment they were to receive at hospital. Staff were exceptionally skilled at explaining this treatment to the person and explaining how this treatment would improve their wellbeing. This provided reassurance to the person.

The registered manager and staff told us how choice and promoting independence was paramount. We looked at the care plan of one person who used the service and saw photographs of them shopping for their bedroom furniture which was then designed specifically for their bedroom and their needs. One person told us they enjoyed attending the local gym and how they did this independently. Initially staff accompanied the person on their induction until they were able and confident to go on their own. This person told us how they now had control and choice and accessed the gym three times a week independently. Staff told us this had helped the person in keeping trim and healthy.

Staff understood and respected people's individual human right to be treated with dignity and respect and to be able to express their views. We observed this in practice during the inspection. From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs.

We found staff to be exceptionally caring. A holiday for five people who used the service had taken a great deal of planning to ensure staff members were matched up to support people with the activities they were to undertake. However, the night before the holiday a staff member was unwell and unable to accompany people on their holiday. Another staff member who was on annual leave agreed to accompany people on their trip so that the holiday could go ahead as planned and people would not be disappointed.

Advocacy information was available for people if they required support or advice from an independent

person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

People received personalised, responsive care that was tailored to their individual needs. One person told us, "They [staff] are really good." A relative told us, "Staff are marvellous and so supportive. The care they give is specific and individualised and they manage that very well."

Care was personalised to each person that used the service, and people and their relatives were fully involved in their care. Staff had an excellent understanding of all the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. For example, when one person expressed an interest in bikes, staff arranged for this person to work voluntarily at a local bike shop. This person told us how they enjoyed this work very much. Another person expressed they wanted to have their own car and travel alone with staff rather than the services minibus and staff arranged for this person to get their own car.

Care records were person centred and had lots of detail about what was important to the person. People's preferences, their personal history and any specific health or care needs they had were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff. We did note the care records of one person were not up to date to reflect their general deterioration in health and impact this had on them. We pointed this out to the registered manager at the time of the inspection who took immediate action to address this.

People were encouraged to maintain and develop interests which were important to them and this contributed to people living meaningful lives. People told us they took part in regular activities and had regular outings and holidays. One person had been to Manchester to see Dancing on Ice and another to a safari park and Cadburys World. Another person liked going to watch football and the speedway. They told us, "I like football, Middlesbrough and Liverpool. I like speedway. I watch and see motorbikes going around and around." A relative told us, "They [staff] work really hard at achieving and making sure [name of person] has an active social life."

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. Care plans contained detailed information on people's accessible information needs. For example, the care plan of one person detailed how they needed pictures and large font to help them understand. In addition, this person was due to go into hospital for a small operation and staff had obtained easy read and pictorial guidance to help explain this procedure.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. People told us they were able to speak with the registered manager and staff if they had any concerns. The complaint procedure was readily available and contained pictures and simple language

to help people state what had made them unhappy and why. People told us they had raised their concerns recently that the minibus had been out of action for some time and they found this to be inconvenient. The registered manager provided us with information to confirm they were dealing with this.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment.

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had relevant experience in health and social care. They had worked at the service for many years and had a good knowledge of people's care needs, likes and preferences, as well as the day-to-day workings of the service and the governance structures in place.

People, relatives and professionals spoke positively about the registered manager and staff and told us the service was well led. One person said, "I like [name of registered manager] I like all the staff." A relative told us, "[Name of registered manager] is the most fantastic manager. She is fabulous. Everybody here respects [name of registered manager]. She's direct, very kind but most importantly, in charge. What a beautiful rough diamond she is."

Staff told us they thought the service was well led. One staff member said, "[Name of registered manager] is lovely and very easy to approach." Another staff member told us, "This is a fantastic place to work."

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered manager was supported by a deputy manager and a team of motivated staff, many of which had worked at the service for many years.

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. The registered manager and staff had an excellent knowledge of the people who used the service and the staff who supported them. The registered manager spent time in all areas of the service which enabled them to constantly monitor standards.

The registered manager and other staff carried out a number of quality assurance checks and audits to monitor and improve standards at the service. This included checks on care records of people who used the service, medicines, the environment and staff records.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There were regular meetings with people who used the service and discussions took place about activities and outings, food choices and any concerns. Surveys for people who used the service had been undertaken. This meant that there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.

