

# The Royal National Institute for Deaf People RNID Action on Hearing Loss 11 Tarragon Gardens

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### Care service description:

11 Tarragon Gardens provides accommodation with personal care for up to four people with hearing impairment or deafness. At the time of our inspection there were three people living at the location.

### Rating at last inspection:

At the last inspection in May 2015, the service was rated Good in all the areas that we looked at.

### Rating at this inspection:

At this inspection we found the service remained Good.

### Why the service is rated as Good:

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and secure from the risk of abuse and avoidable harm because staff were knowledgeable about safeguarding procedures and what their reporting responsibilities were. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs. Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion and there were positive interactions between staff and the people living at the location. People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

Relatives and staff were confident about approaching the manager if they needed to and knew how to complain. People's views on the quality of the service were gathered and used to support service development. The provider had effective auditing systems in place to further monitor the effectiveness and quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

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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 was a comprehensive inspection which took place on 20 June 2017 and was unannounced. The membership of the inspection team comprised of an inspectors and a British Sign Language (BSL) Interpreter.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

During our visit to the home we spoke with two people who used the service, three members of staff, the registered manager and the deputy manager. The people living at the location were able to give us in-depth answers to all of our questions.

We looked at the care records of three people and three staff files as well as the medicine management processes and associated records. We also looked at records that were maintained by the provider about recruitment and staff training as well as records relating to the management of the service. These included compliments, complaints, accident /incident records, risk assessments and a selection of the service's policies and procedures to check that people received a quality service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and secure at the home. A person we spoke with told us, "I feel safe enough with the staff". They continued, "I can talk to the staff if I'm worried". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. A member of staff we spoke with told us about signs they would recognise to indicate that someone maybe at risk of abuse, they said, "They [people] might be withdrawn, not wanting to trust or confide in anyone, perhaps tearful and not talking". Staff we spoke with also told us that they would raise any concerns they had with the

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. We saw that the provider carried out regular risk assessments and that these were updated regularly in people's care plans to minimise risks to people. The registered manager told us that people's risk assessments were completed whenever there were changes in people's circumstances, for example if they were going out to a special event or if there were changes to their health. A member of staff we spoke with confirmed this and told us, "Risk assessments are done as and when required, if [people's] circumstances change". In addition to this we saw that risk assessments were reviewed on a regular basis.". Another member of staff we spoke with gave us examples of the types of risks that were specific to each person living at the home. A member of staff told us about the aids and adaptors that were used to support people at the home, for example; alarms were fitted with lights to indicate when there was a fire. Staff who were deaf themselves used a light activated module to show when a person needed assistance. This demonstrated that staff were aware of the risks that each person might be susceptible to.

A person we spoke with told us, "There's always plenty of them [staff] around". We observed that there were enough staff available to respond to people's needs and they were attentive when support was requested. We saw that the provider had processes in place to cover staff absences and to ensure staff were deployed effectively, including robust recruitment practices These included; references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Records we looked at showed that all pre-employment checks were completed by the provider to ensure that staff were eligible to work within the service. This was reflected in the information provided in the Providers Information Return (PIR).

People received their medicines safely and as prescribed. A person we spoke with told us, "I get my medicines as and when I should". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they had received training on how to manage and administer medicines. We saw that the provider had guidelines in place for staff outlining how to identify when people needed their 'as required' medicines.

## Is the service effective?

### Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with told us, "Yes, the staff all seem well trained". Staff we spoke with told us they were pleased with how the provider supported their learning and development needs. A member of staff said, "My training, I feel, is sufficient for me". We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service. Training records were managed by the provider to monitor when learning and development updates were required.

Staff told us they had regular supervision meetings with their line manager and appraisals to support their development and monitor levels of competency. A staff member we spoke with told us, "I had supervision two weeks ago, I was happy with how it went". The registered manager told us they held supervisions every ten to twelve weeks, although staff always had access to the registered manager and deputy manager if they required extra support. We saw staff development plans showed how staff were supported with their training and supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People living at the home had capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke with understood the importance of gaining a person's consent before supporting their care needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All of the people living at Tarragon Gardens had the capacity to make their own decisions. Members of staff we spoke with were able to demonstrate their understanding of what it meant to deprive someone of their liberty. Throughout our time at Tarragon Gardens we saw that people moved around freely and without any restrictions.

People we spoke with told us they were happy with the food at the home. A person we spoke with said, "Roasts [dinners] are perfect. If I ask for certain foods they [staff] get them. I get plenty of choice and if I want a 'take away' they warm it up for me". We saw that there was a selection of food available and observed that people had access to food and drink whenever they wanted throughout the day.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member we spoke with told us that some people had specific dietary needs, such as a dairy free diet, and that this information was recorded in people's care plans. This showed us that staff knew how to support people to

maintain a healthy diet.

People we spoke with told us that their health needs were being met. A person we spoke with told us, "They [staff] get the doctor if I need one". Another person told us, "They [staff] go with me to the doctors and the dentist too". We saw from care plans that people were supported to access a variety of health and social care professionals, for example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

## Is the service caring?

### Our findings

People we spoke with told us that staff treated them with kindness and compassion. A person said to us, "All of the staff are kind. At Christmas and for birthdays they buy me presents and at Easter there's loads of chocolate". We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. There was good interaction between staff and people living at the home, lots of laughter and genuine empathy.

People living at the home were able to communicate to staff about how they preferred to receive their care and support. Throughout our time at the home we saw good interactions between people and staff. Staff had been trained to communicate through British Sign Language {BSL}. Some of the staff were deaf themselves which gave them an even more personalised view of how people preferred to communicate. A member of staff we spoke with told us, "We [staff] just ask them [people using the service] how they prefer their care to be provided". The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people were involved in developing care plans that were personalised and contained detailed information about how staff could support their needs. A person we spoke with told us, "I wrote it [care plan] myself. My likes and dislikes".

People's privacy and dignity was respected and maintained by staff. A person we spoke with told us that staff always knocked the door or rang the doorbell when they came to their room. A member of staff we spoke with told us, "[Person's name] doesn't like people entering his room until he asks them to. So we [staff] ask every time, we don't assume we can go in". Throughout our time at Tarragon Gardens we saw that staff spoke to people respectfully.



## Is the service responsive?

### Our findings

We found that staff knew people well and were focussed on providing personalised care. We saw that staff were responsive to people's individual care and support needs. We observed staff responding to people's needs promptly when required throughout the day. A member of staff we spoke with told us, "It's about getting to know people. They [people using the service] don't always want the same things every day. Another member of staff we spoke with said, "[Person's name], his room is very organised. We ask what clothes he wants to wear and when he's washed, we get them ready for him". We saw that the provider had detailed personalised care plans that identified people's likes and dislikes. We saw that care plans were reviewed regularly.

People we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us that they had raised a concern in the past regarding a member of staff and that it had been dealt with by the registered manager. We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised, and that these were used to improve and develop the service.

We saw that people had things to do that they found interesting. People were supported to make decisions about how they spent their time, where they went and what they liked to do. A person we spoke with told us, "Me and [person's name] are always out". They gave us examples of some of the activities they took part in and some of the clubs they attended where they would meet up with friends. A member of staff we spoke with gave us examples of activities that all of the people living at the home liked to do such as; going to football matches, bowling or out for meals. Another member of staff we spoke with said, "[Person's name] went to 'Deaf Drama', it was great for their confidence. They performed [name of the musical] and staff watched the film to help them to learn their role". This showed us that staff were responsive to supporting people to take part in things that they enjoyed doing.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

We saw that the provider supported staff and that they were clear about their roles and responsibilities for supporting people who used the service. We saw records of meetings, which showed that people and staff were involved in making decisions about how the home was run. A member of staff we spoke with told us that the registered manager was supportive and responded to their personal or professional requests. They also told us that all staff members worked as a team and were supportive of each other, for example, if they needed to change shifts. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings, during supervision or at any time. Staff we spoke with told us that they felt that they were listened to by the manager.

We saw that quality assurance and audit systems were in place for monitoring service provision. The provider received monthly auditing visits from an external inter-nationally recognised organisation to ensure that service standards were maintained. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that the provider used feedback from people and relatives to develop the service.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. From the PIR we could see that there had been no recent Whistle-blowing incidents at the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found. The feedback we gave was received positively.