

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

## Inspection report

8 Keyberry Park  
Newton Abbot  
Devon  
TQ12 1BZ

Tel: 01626354521  
Website: [www.rnid.org.uk](http://www.rnid.org.uk)

Date of inspection visit:  
03 April 2018

Date of publication:  
24 April 2018

## 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

Pippin House is a residential care home providing accommodation and support for up to eight younger adults with learning disabilities (including autistic spectrum disorder) and/or mental health needs, living with a hearing impairment. At the time of the inspection, seven people were living at the home. Accommodation is provided over three floors with each person having their own bedroom and bathroom. People share a communal lounge, dining room, conservatory, kitchen and laundry room. The home is surrounded by pleasant landscaped gardens.

At our last inspection in November 2015, we rated the home as good in all five key questions. At this inspection in April 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We found support within the home has continued to improve and there was evidence of very good practice, particularly in supporting people's independence and managing their health care needs.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People continued to receive safe care that met their needs and expectations. The home had a strong emphasis on promoting people's independence and involvement in decision making. People told us they enjoyed living at Pippin House and staff told us they were proud to work there.

During the inspection, people were busy going about their day to day activities and were keen to show us around the home and tell us what they did. This included gardening, both at the home and in the community, learning new skills such as hairdressing, as well as attending vocational courses and undertaking voluntary work.

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. Improvements since the previous inspection included supporting people to manage their medicines and finances. Information was presented in pictorial format to support people's decision making, with each person involved in developing their own support plans and risk assessments.

Relatives told us the home provided an excellent level of support. Their comments included, "Nothing is ever too much trouble for the staff", "I can't praise the staff enough" and "With the love and dedication from the excellent staff team he has grown in all areas of his life. It is such a relief to a family when their loved ones are in such a special place as Pippin House. To watch the way [name] has grown and progressed over the last few years is nothing short of amazing."

Importance was placed upon supporting people with their healthcare needs and understanding the need

for regular healthcare checks. The staff ensured there were no barriers to people receiving the healthcare support they required.

Staff were safely recruited and continued to receive the training and support they required for their role. Staff told us they felt listened to and they felt their team work had improved since the appointment of the new registered manager. Professional guidance was sought when necessary, for example with supporting people whose behaviour might place themselves and others at risk of harm. Advice was followed and support given in line with good practice. The communication between the home and professionals was good.

People, relatives, staff and healthcare professionals told us the home was well managed and gave us very good feedback about the registered manager's attitude towards involving them in the running of the home.

There were systems in place to monitor and check that the quality of the service provided met with the aims of the organisation. Senior managers from The Royal National Institute for Deaf People regularly attended the home to meet with the registered manager, staff and people to ensure they had good oversight of the practices and culture within the home.

Further information is in the detailed findings below.

## 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> ●

# RNID Action on Hearing Loss Pippin 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 was planned to check whether the provider was 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 comprehensive inspection took place on 3 April 2018 and was unannounced. One adult social care inspector undertook the inspection with the support from a British Sign Language interpreter.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We met with five people living at Pippin House and spoke with three people in depth, who also showed us around the home. We spoke with the registered manager and five staff. We reviewed two people's care records and two staff files. We looked at how the home supported people with their medicines and managing their money, the training provided to staff and other documents relating to the management of the service. Following the inspection we received positive feedback from four relatives and the Intensive Assessment and Treatment Team (IATT) who provide guidance to the home for people who can at times experience distress and anxiety.

## Is the service safe?

### Our findings

People told us they continued to feel happy and safe at the home. One person said, "I like it at Pippin House" and another said they were "very, very happy." Our observations showed people were relaxed in staff's company and were happy to spend time with the staff and each other. The atmosphere in the home was relaxed and we saw pleasant and respectful interactions between staff and people. Relatives also felt people were safely supported. One relative said, "We have peace of mind that she is being well cared for, like home from home."

Staff told us and records showed, they received regular safeguarding training, most recently in January 2018. Staff were aware of their responsibilities to maintain people's safety and well-being and were confident any concerns raised about people's welfare would be acted upon immediately by the registered manager. Staff knew who to contact outside of the home should they need to do so.

Risks to people's health and safety had been assessed. Assessments were individualised for each person showing pictures of them signing how they were at risk and what actions were required to minimise this. For example, one person liked to have a hot water bottle. Their risk assessment showed them signing the risk of scalds and the precautions necessary to prevent harm. Staff said involving people in writing their own risk assessments helped them have a greater understanding of how to keep safe. The home had a positive attitude towards risk taking and supporting people to make choices about how they wished to live their lives. Safety was routinely discussed at house meetings and people were provided with personalised guidance, such as how to use the internet safely.

Other risks, such as behaviours that might place the person or other people at risk from harm were identified in people's support plans. The plans provided staff with information about the circumstances in which people might become anxious and how to provide support to reduce this. The home was receiving guidance and advice from the local authority's Intensive Assessment and Treatment Team with the support of this person. The team told us the staff were open and transparent with communicating their support needs and followed good practice guidelines.

There were sufficient staff on duty to support people's personalised care and support. Duty rotas were pictorial showing which members of staff were on duty at which time. These showed there were four staff on duty during the day and evening and one sleeping-in member of staff overnight. People were able to call for assistance from the sleep-in member of staff overnight if they needed support, but the registered manager said this was very infrequent. The registered manager said the shift times had recently been changed in response to people's support needs. Staff now started work earlier in the morning as more people were getting up at this time than they previously had.

Safe recruitment practice remained in place. We looked at the recruitment files for the two most recently recruited staff. The necessary information about staff's suitability to work at the home, including a disclosure and barring check and references, had been obtained prior to their employment. People were included in interviewing prospective staff and gave feedback about the candidates' suitability to work at the

home.

People received their medicines safely and as prescribed. Since the previous inspection the home had improved how it supported people to be more independent with managing their medicines. Two people were being supported to self-administer their regular medicines and only received support from staff for medicines that were to be taken as required, for example for pain relief. Risk assessments showed pictures of people signing why the medicine was necessary and the consequences of not taking the medicine or of taking too much. Medicine administration records were clear and fully completed. All staff had received training in the safe administration of medicines.

## Is the service effective?

### Our findings

People continued to be supported by staff with the skills, knowledge and competence to meet people's needs. Several of the staff had worked at the home for many years and knew people well. People and their relatives told us they liked the staff and that they were very supportive. One relative said the staff team were "great".

Staff told us they received the training and supervision they required for their role. A continuous programme of training sessions ensured staff's knowledge and skills remained up to date. For example, training planned for April 2018 included safeguarding people, autism awareness and supporting people with a learning disability.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the Mental Capacity Act 2005 (MCA). People's consent to receive care and support had been assessed and where necessary applications to restrict people's liberty to maintain their safety had been submitted to the local authority for authorisation. The home had a 'mental capacity champion' whose role it was to support best practice with people's decision making and sharing information with the staff team.

Each person had a health action plan to support their healthcare needs as well as a hospital passport. This ensured should a person require hospital treatment the healthcare staff had important information about people's support needs. The home had designed a teaching tool for people to learn how to check their bodies for signs of ill health. This demonstrated very good practice which had been implemented sensitively. The home ensured there were no barriers to people receiving the healthcare they required. Staff supported people to attend healthcare appointments, including dental and optician appointments as well as to hospital for clinical tests. Following these appointments staff reviewed people's understanding of the reason for the visit and the outcome to ensure people were fully aware of the results and whether any further appointments were necessary.

Staff were able to demonstrate how they had guided and supported people with healthy lifestyle choices. One person had wanted to lose weight and another person was worried about developing diabetes. Both people had changed their diet and activity level and had achieved their goals to be healthier.

People planned their own meals and were involved as much as they wished to be with shopping and preparing meals. People's preferences were known to staff who regularly reviewed what people liked to eat.

## Is the service caring?

### Our findings

People were keen to tell us how happy they were living at Pippin House. They said they liked the staff and told us how they were supported with their day to day lives. Staff were seen to engage with people in caring, respectful and friendly ways and it was clear people and staff enjoyed each other's company.

Relatives told us staff went "above and beyond" to ensure their loved ones had a good quality of life. One said, "Nothing is ever too much trouble for the staff. They are always going that extra mile. They are like our extended family" and another said, "I can't praise the staff enough." A healthcare professional told us the home provided an "excellent" level of care.

The management team described the staff as highly motivated with their support of people. Each person had a named keyworker who supported the person to make choices about their care, to think about any goals they wished to achieve and with their learning. Information was presented in an accessible format, with pictures, signs and symbols to assist people's decision making. People were supported to make individual choices that met their own personal aspirations.

People's personal development was not restricted by living in a group home or by the needs of the people they lived with. If group activities were undertaken these were done through choice and because people were friends. People's relationships with their families and friends outside of the home were encouraged and respected. One relative told us the staff knew how important family was to their relation. They also said that, "with the love and dedication from the excellent staff team he has grown in all areas of his life. It is such a relief to a family when their loved ones are in such a special place as Pippin House. To watch the way [name] has grown and progressed over the last few years is nothing short of amazing."

Since the previous inspection in November 2015, some people had experienced bereavement. The staff had supported people in a compassionate way, enabling them to pay their respects and say their goodbyes to their loved ones in a way that meant something to them.

## Is the service responsive?

### Our findings

The home continued to provide care and support that was responsive to people's individual needs. Care plans were personalised and it was clear people had been involved in writing their own plans. These were highly pictorial showing people involved in activities, signing information and with pictures of things people did and did not like. People showed us they had copies of their plans and knew what was in them. Two members of staff were person-centred champions with a responsibility to ensure people remained the focus of, and included in, the running of the home. Staff said nothing happened in the home without people's involvement. For example, the home had been recently refurbished. People had chosen the colours for the communal areas as well as choosing and shopping for carpets and items for their own rooms.

Staff told us they encouraged people to be as independent as possible both in and out of the home. People were seen to be making themselves and others drinks, doing their laundry, tidying their room as well as going out into the local town. People undertook voluntary work at an animal charity, worked at a garden centre and attended various community groups as well as the local church. One person's relative said the home had helped their relation to "achieve an independent life" which had given them self-worth. Another said, "[name] is encouraged to take part in a range of different work placements and social activities."

People enjoyed telling us about the activities they were involved in. One person not only looked after the home's gardens, cutting the grass on the day of the inspection, but also took care of the garden of a neighbour. This activity had provided the person with the opportunity to meet new people and develop friendships outside of the home. Another person was being supported to learn hairdressing. A member of staff, who was also a hairdresser, was teaching the person how to cut and dye hair. They proudly showed us pictures of themselves doing this. On the day of the inspection, one person was very keen to show us the plant boxes they had made that day. People were also involved in fund raising events such as car boot sales with staff.

Staff told us people were also supported to undertake college courses. For example, one person had expressed a desire to learn to weave. Staff had found a local course and supported the person initially until they were confident to attend on their own.

The registered manager and staff had recognised that supporting people to be more independent and to make better informed choices included supporting them to have a better understanding of their finances. A pictorial budget planner had been developed which showed each person how much money they received each week, how much items they liked to buy cost and how much was left. These planners showed pictures of money to help people visualise the value of the money they had.

Relatives told us they were invited to attend social events organised by the home. One said, "It's just like visiting a family member's house. They make you feel welcome and part of an extended family." Another relative said they often stayed to have an evening meal with their relation. People told us they used technology such as tablet computers to keep in touch with family and friends.

No one we spoke with had any concerns about living in the home. A pictorial complaints procedure was displayed on the noticeboard and gave people information about how to raise a concern. Any concerns raised and the actions taken to resolve the issue, were recorded individually in each person's support plan. We reviewed a selection of these and could see they related to issues that had come about through living in a group environment. Where appropriate issues were discussed at group meetings to allow everyone to be involved in decision making.

## Is the service well-led?

### Our findings

There had been a change in the registered manager since the previous inspection. The current registered manager, appointed in November 2016, had previously worked at the home as the deputy manager. They knew the people and staff well and were already fully involved with the running of the home. 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, relatives, staff and healthcare professionals told us the home was well managed and gave us very good feedback about the registered manager's attitude towards involving them in the running of the home. People described the registered manager as "very good" and staff said "He listens to us", and they said that, as a result "The whole team had grown." They said they were "really proud" of the home. A relative told us the staff were "brilliant" at keeping them informed of what was happening at Pippin House.

The home was involved in the 'Making it Real' project. (This project sets out what people who use services and carers expect to see and experience if support services are truly person-centred. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives.) Initiatives included supporting people to manage their own medicines and finances, being more aware of their bodies and the need for regular healthcare checks as well as undertaking voluntary work and vocations courses. People were also involved in running their own meetings, setting the agenda and recording the outcome. These initiatives demonstrated very good practice and the home's continual improvement towards its support of people living at Pippin House.

The registered manager told us about the home's involvement in the development of a community 'hub': a place where people with learning disabilities could meet, share ideas about improving the area as well as to undertake joint learning. The staff with people living at the home planned to support members of the public to learn British Sign Language.

There were systems in place to monitor and check that the quality of the service provided met with the aims of the organisation. These checks included regular audits of records, reviewing safety practices in the home, such as how medicines were managed and the safety of the environment. Senior managers from The Royal National Institute for Deaf People regularly attended the home to meet with the registered manager, staff and people to ensure they had good oversight of the practices and culture within the home. The home's philosophy and culture were in line with the values underpinning the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion.