

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

RNID Action on Hearing Loss Ransdale House

54 Caversham Road, East Side, Middlesbrough,
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Date of Inspection: 20 September 2012

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2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Complaints ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Details about this location

Registered Provider	The Royal National Institute For Deaf People
Registered Manager	Mrs. Judy Sharples
Overview of the service	Ransdale House is a care home providing personal care and accommodation for 6 adults who have profound deafness or significant hearing loss and who have other disabilities or additional support needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 20 September 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four people who used the service. They told us, "I like it here, the staff are good. This one here helps me and I like my key worker" and "It's good. The staff are good." They all told us that they were asked what they would like to do and when. One person told us, "That's right I choose what I want to do, and the staff help me to do what I want to do. I have a review coming up soon. They send an invite to my Mum, Dad, Social Worker. I get involved in the review, they involve me." Another person told us, "I am asked what I would like to do and when. Yeah, that works well."

We found that the service had used a person centred approach to plan and deliver care. This helped ensure that the people who used the service were at the centre of everything they did. The people we spoke with did not raise any concerns with us about their safety within the service. One person said, "I feel safe and comfortable. It's a calm place. I am happy here."

We found people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found that people who used the service were involved in the planning of their own care. We spoke with the four people who used the service. They all told us that they were asked what they would like to do and when. One person told us, "That's right I choose what I want to do, and the staff help me to do what I want to do. I have a review coming up soon. They send an invite to my Mum, Dad, Social Worker. I get involved in the review, they involve me." Another person told us, "I am asked what I would like to do and when. Yeah, that works well."

We saw that where people were able, they had signed to say they agreed with the care plans and other records about their care. We saw that the home made use of pictures and personalised images throughout care records, to help the person understand the information about them. Therefore we found people expressed their views and were involved in making decisions about their care and treatment.

People who used the service said that staff treated them with respect. Staff told us that "We do a lot of person centred care work. Everything that they wish to do." Another told us, "We involve the person's family or representatives where the person wants them to be involved. But we don't if people don't want that, and it is their right to have only those people involved that they want." One person said, "I make sure I respect people by talking to them, no shouting, and no foul language. I ask them if they are happy and if not why not and take action to address any concerns." Therefore we found people's diversity, values and human rights were respected.

People who used the service told us that they did daily living activities, such as washing, ironing and cleaning with the support of staff. They also told us about their links to the local community and services they accessed, such as local college courses, the swimming pool and the local pub for socialising and meals. People were supported in promoting their independence and community involvement.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care records for three people who used the service. We saw that there was a person centred plan for each individual. Person-centred planning (PCP) is a set of approaches designed to assist someone to plan their life and supports. It is used most often as a life planning model to enable individuals with disabilities to increase their personal self-determination and improve their own independence.

The home had tailored the format of the plans to the communication needs of each person, with pictorial or easy ready plans in place, to help the person understand. We saw that these records were personalised, including the areas where people most needed support and their personal likes, dislikes, wishes and plans at the core of each plan. We saw that there were specific plans put in place to help the person achieve short terms goals, such as going on holiday or preparing for a specific event.

We found that these records all included detailed assessments of the person's needs. They covered all areas of daily living, such as mental, physical and social assessments. These led to care plans which clearly set out the level of support needed. We saw that plans had been changed to take account of new or emerging needs.

Therefore we found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People told us that they liked living at Ransdale House. They told us about the activities they were involved with, and how staff supported them to do what they wanted to do. One person told us, "I go over to Hartlepool. Some of the folks go to college, and I do an information technology course. I go out to the pub and for meals with my girlfriend. I go swimming. I like staying here and all the different things I get involved with." Another person told us, "I like going out in the car, I went out on the bus yesterday to the health centre. I do aromatherapy, jewellery making, visit my Mum and Dad. I went on holiday to the Norfolk Boards and Scotland."

We found that people were supported to maintain their health and wellbeing. The service routinely recorded when people had or were due to access other health care services, such as consultants, doctors, dentists, opticians and chiropodist appointments. One

person who used the service told us "My key worker helps me go to the doctors and with my medication." Another person told us how the service was helping them make healthy food choices. Therefore we found the service promoted the health and wellbeing of people using the service, and enabled people to make healthy living choices.

We found that the Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We specifically spoke with three staff on duty, about safeguarding of vulnerable adults. They were all aware of the different types of abuse and said they were confident they would be able to identify the signs of abuse in people who used the service.

The staff told us they would know what to do if they saw any behaviour which concerned them. The staff we spoke with said they would have no hesitation in 'whistle blowing' (telling someone) if they saw or heard anything inappropriate.

We spoke with four people who used the service. They did not raise any concerns with us about their safety within the service. One person said, "I feel safe and comfortable. It's a calm place. I am happy here."

From what we witnessed and were told we found that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with four people who used the service. They told us they knew how to raise concerns or make complaints. They told us they felt able to raise concerns with staff. "I have made a complaint before." and "If I am unhappy, I will write a letter to set out what I am unhappy about. They do something about it to solve the problems."

We spoke with three members of staff. They told us that they would support people to make complaints if they raised any concerns. One staff member told us "I would give them a complaint form, if they were not happy with something, so hopefully can get it sorted out quickly." Another said, "For serious complaints we get an outside interpreter, to make sure there is no conflict of interest." People were given support by the provider to make a comment or complaint where they needed assistance.

We saw that there was information available to people to let them know how to make a complaint. This included pictorial information to make it easier for people who used the service to understand the process.

We saw the home had asked people their opinion on many aspects of their life at Ransdale on an ongoing basis, to help the service tailor their support for people. They did this using pictorial questionnaires and feedback forms. We saw that where people expressed dissatisfaction, the home took action where they were able to resolve any issues.

We saw that Ransdale House had taken appropriate action to resolve complaints received within the last year. We found that there was clear evidence that they had investigated and taken action in respect of concerns and complaints received. Therefore we found people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People who use the service told us that they liked the majority of the staff. One person said, "I feel able to talk to staff." Others said, "I like it here, the staff are good. This one here helps me and I like my key worker" and "It's good. The staff are good."

We looked at the recruitment files of two members of staff. We found that each of the files had a curriculum vitae or an application form on record. The provider had obtained appropriate references prior to appointing a staff member. We found evidence in all files checked that enhanced Criminal Records Bureau (CRB) checks had been carried out prior to employment. This showed that the provider had carried out appropriate pre-employment checks to ensure the suitability of staff.

We found that the provider had explored whether staff were physically and mentally fit to work within the home during the recruitment process. We also found that the provider had checked evidence of qualifications and training undertaken prior to appointment. This demonstrated that the provider had appropriate processes in place to ensure that staff were fit and physically and mentally able to perform their role. Also that people's health and welfare needs were being met by staff that were appropriately qualified.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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