Inspection Report

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, TS4 3NU

Tel: 01642320785

Date of Inspection: 17 October 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 six 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 17 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

A British sign language interpreter accompanied us on our inspection to help us communicate with those people who used the service. During the inspection we spoke with five people who used the service. We also spoke with the manager, the deputy manager and a support worker. People told us that they were happy with the care and service received. One person said, "It's good." Another person said, "The staff help me with everything I need."

We were able to observe the experiences of people who used the service. We saw that staff treated people with dignity and respect. We saw that people had their needs assessed and that care plans were in place.

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment, or when they moved between different services.

We saw that the service had appropriate equipment. We saw that regular checks and servicing of equipment was undertaken to ensure that it was safe.

We saw that there was sufficient staff with the right knowledge and experience to support people.

Regular checks were carried out to monitor the quality of the service provided

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

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During the inspection we sat in the lounge so that we could observe both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive and interacted well with people. We saw that staff communicated well with people and encouraged people to be independent. Staff communicated with people in a way that could be easily understood.

People we spoke with during the inspection told us that they had regular outings and holidays. We were told by staff and people who used the service that they matched the skills and social interests of staff to those of people who used the service. One person told us how they went out with staff. They told us that they went to the speedway on a Thursday night, went swimming and to the gym and how they were a season ticket holder, so regularly went to football matches. The service also enabled people to take responsible risks. One person liked to go to pub. Staff supported the person with transport there and back. Another person told us how they liked to go out on their bike. People who used the service told us that they had an allotment and that they liked to grow their own vegetables. The deputy manager told us that another person liked to do jigsaws and we were shown that these were framed and put on the lounge wall. One person said, "I like to go shopping in Middlesbrough town centre." Many activities were also carried out in the home environment. People had made flower / herb boxes and painted them. One person liked to make their own jewellery and people had taken up a new hobby of pyrography (the art of decorating wood or other materials with a heated tool). We saw that people accessed adult education and had undertaken courses in areas such as computers, cookery and jewellery making. During the inspection one person went out with staff and had their lunch in the town centre. This helped to ensure the wellbeing of people.

At the time of the inspection there were six people who used the service. During our visit we reviewed the care records of two people. Each person had a person centred plan which clearly highlighted their needs. We saw that people had their needs assessed and that following assessment care plans had been developed, which detailed how to meet the

person's care and treatment needs. Care files we reviewed contained information about the person's likes, dislikes and personal choices. We saw that people who used the service had been involved in developing their person centred plan. We saw pictorial plans of care to enable people understand and communicate effectively. Care plans had been reviewed / evaluated on a regular basis and people had their weight taken on a monthly basis or more often if required.

The home had a person centred champion who had the role of meeting with other champions employed by RNID. During meetings person centred champions would share ideas and examples of good and bad practice and then cascade these to other staff. The person centred champion told and showed us how she had developed pictorial recipe cards and that she had shared theses with other services.

We saw that staff supported people well during the inspection. Staff provided reassurance and promoted independence. People who used the service were encouraged to communicate. This helped to ensure wellbeing.

The manager told us that staff had undertaken training in basic life support. We saw records to confirm that this was the case. Staff we spoke with during the inspection confirmed that the training had provided them with the necessary skills to deal with a medical emergency.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at care records for two people who used the service. Care records contained detailed information about visits to and visits by other health care professionals.

We saw records which confirmed that people had visited the dentist, optician, chiropodist, dietician and their doctor. Those people less able were visited at home. One person said, "The optician is an every year thing."

People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. Interpreting services were also arranged for the majority of visits to help people to communicate effectively. The independent interpreter who accompanied us on our inspection and who worked with people at Ransdale House on a regular basis said, "The staff always work around the residents, not the residents working around staff." We saw that people had been supported to make decisions about the health checks and treatment options. People had recently been supported in their decision to have the flu vaccination. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

One person who used the service was seen by the dietician on the day of the inspection. This person showed us their food diary they had been asked to keep in order to monitor their intake and weight.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The manager told us that people who used the service required a limited amount of equipment. We saw records which confirmed that servicing had been undertaken on a ceiling hoist and sling in June 2013. In addition to regular servicing any necessary repairs of equipment had been carried out by people who were competent to do so.

At the time of the inspection the service did not have any medical equipment in use.

The manager told us that Medical Device Alerts (MDAs) were e-mailed to the home on a regular basis. MDA's are the latest safety information on medical devices and medicines. We were told that when the home received these alerts checks were carried out to ensure equipment within the home was safe to use. We were told that once the MDA alerts they were checked they were thrown away. The manager said that in future she would keep a record of all MDA's which detailed action that she had taken on receipt of alerts.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The manager told us that the service employed 14 staff which consisted of the manager, deputy manager, senior support workers and support workers. We were told that some support workers were employed and worked on an as needed basis when other staff were on holiday or when sickness occurred. There were enough qualified, skilled and experienced staff to meet people's needs.

The manager told us that all staff had a minimum qualification of NVQ level 2 and that 13 of the fourteen staff had an NVQ level 3 in care. Staff we spoke with confirmed that this was the case. The manager and British sign language interpreter that accompanied us on our inspection told us that interpreters supported people on many occasions. For example the interpreter supported a person on the day of the inspection when the dietician visited.

The manager told us how staffing levels varied according to need. We saw duty rotas which confirmed that this was the case. We were told and saw records which confirmed that there was a minimum of four staff on duty during the day and three staff on duty during the night. People who used the service and staff we spoke with during the inspection confirmed that there were sufficient staff to meet people's needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

From our discussion with the manager and from records we looked at during the inspection we confirmed that complaints were taken seriously and that appropriate action was taken to investigate and resolve complaints quickly. A copy of the complaints procedure was available for inspection. The service also had a simplified version of the complaints procedure which contained pictures. People we spoke with during the inspection said that they were listened to and that they felt confident in raising any concerns with the staff. One person said, "If I needed to I would go into the office and have a private chat."

The RNID used a quality monitoring policy to ensure standards were maintained. The service provision was audited monthly and based upon the Care Quality Commissions essential standards. This included the auditing and monitoring of complaints, medicines and health and safety.

The manager said that she spoke with people who used the service on a regular basis to make sure that they were happy with the care and service received. We saw that RNID had sent out surveys to people who used the service in March 2013; however at the time of the inspection the results had still not been collated.

We saw that staff continually asked people for their views. We saw that people who used the service had completed a survey after their holiday to the Norfolk Broads. This was a first camping trip for one person who used the service and staff had wanted to determine what they had enjoyed to assist them plan for future holidays.

People who used the service met on a regular basis to share their views, plan menus and make decisions about activities and holidays. This helped to ensure that the service operated in their best interest.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk