The Royal National Institute for Deaf People

London Community Care and Support Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We conducted an inspection of London Community Care and Support Service on 8 August 2016. This was our first inspection of the service since registration with the Care Quality Commission. The service provides care and support to deaf people living in their own homes. There were 34 people using the service when we visited.

There was a registered manager at the service. 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.

We identified two instances where specific risk assessments were required and had not been produced. Support plans were otherwise thorough and contained clear information for staff. All records were reviewed within three months or where the person's care needs had changed.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Specific details about people's life histories were also recorded within their care records.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced and nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals when needed.

People using the service and staff felt able to speak with the registered manager and provided feedback on

the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The systems in place to monitor the quality of the service were not always effective. We saw a copy of a recently completed audit which included a check of care records. However, this section of the audit was not completed and therefore issues with risk assessments were not identified. We saw evidence that feedback was obtained from people using the service and the results of this was positive.

We have made a recommendation in relation to medicines management and we found a breach of regulations in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Care plans were thorough, however, we identified two instances where risk assessments were not in place to support staff in managing an identified risk.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected
abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005. Care staff were aware of their responsibilities under the MCA 2005.

Staff received an induction and received regular supervision and appraisals of their performance. Staff received adequate training to ensure they were able to meet people's needs effectively.

People were supported to eat a healthy diet and chose what they wanted to eat. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Good

The service was caring. People using the service and their relatives were satisfied with the level of care and empathy shown by staff.

People we spoke with told us that care workers spoke with them and got to know them well.

Is the service responsive?

Good

People's needs were assessed before they began using the service and care was planned in response to these.

The service was responsive. People were encouraged to be active and maintain their independence.

People told us they knew who to complain to and felt their views would be taken seriously.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Quality assurance systems captured people's views, but did not identify the issues we found in relation to risk assessments.

People we spoke with told us the registered manager was approachable and took action to improve the service where required.

London Community Care and Support Service

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 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.

The inspection took place on 8 August 2016 and was conducted by a single inspector with the assistance of an interpreter in British Sign Language. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team to obtain their feedback.

We spoke with two care workers during our visit with the assistance of an interpreter. We spoke with one people using the service during our inspection with an interpreter, one relative of a person using the service over the telephone and senior staff at the service. We obtained feedback from one healthcare professional who worked with staff at the service. We also looked at a sample of three people's care records, three staff records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Identified risks were not always thoroughly assessed to ensure people received safe care that protected them from avoidable harm. We looked at three people's support plans and risk assessments. The registered manager or another senior member of staff had visited each person and conducted a risk assessment on the safety of their home environment as well as conducting a needs assessment around various possible areas of support including communication, eating and drinking and social and recreational needs. This information was then used to produce a detailed care plan and risk assessments around the person's health and care needs. Both documents contained details about the nature of support required, information about any health conditions and the best outcomes or goals for the person. The information in these documents sometimes included practical guidance for care workers in how to manage risks to help keep people safe. However, we found examples in two people's care records where specific risk assessments were not conducted despite there being identified risks. In one example we found a specific moving and handling risk assessment had not been completed despite the person having specific moving and handling needs. The care workers assisted this person with their personal care, but there was no written guidance as to how they should move and position the person. In another care record, we saw a very brief reference within the person's health and safety risk assessment which indicated that there was a serious risk if this person was not given their medicines as prescribed. However, the risk was not fully explained and there were no adequate measures in place to ensure that the person's medicines were not missed.

The above issues constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers prompted people to take their medicines and recorded this in medicines administration record charts (MAR). These sheets were then supposed to be returned to the office and reviewed by the registered manager every month. At the time of the inspection we were told that care staff had only been supporting two people with their medicines for a very short time and the registered manager had not yet received any completed forms. We were therefore unable to review any completed forms. However, we saw a copy of a blank MAR form and saw there was no section for the care worker to put their signature. The registered manager confirmed that care staff were not putting their signatures on the forms to confirm they had provided people with their medicines. This meant there was a risk that care staff could not be identified as being responsible for providing people with their medicines. We recommend that medicines administration systems are reviewed to ensure that medicines are managed safely.

Care workers we spoke with told us they had received medicines administration training. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

People told us they felt safe when using the service. One relative told us "I am confident [my family member] is safe" and a person using the service told us "I feel safe with them."

The provider had a safeguarding adult's policy and procedure in place. Staff told us they received training in

safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected
abuse was taking place. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received first aid training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. This training was also due to be repeated every three years. The care worker we spoke with demonstrated a good understanding of how to respond to known risks among people they were caring for. This included precautionary measures to avoid incidents from occurring and how to respond if an accident did occur. A care worker told us they would contact the emergency services in the event of an accident or incident or take other appropriate action, which could be informing a GP and their manager.

Care plans and risk assessments were reviewed every three months by the person's key worker. A key worker is a member of staff who is assigned to work with the person specifically in order to support them to meet their goals.

A relative we spoke with told us their family member was seen by the same care worker and this helped them to develop a positive and trusting relationship with the person they were supporting. One relative told us, "I was very specific about the care worker I wanted and they met that need. We get regular carers and [my family member] gets on with them." The relative told us and care workers confirmed they had enough time when attending to people and were not rushed when working.

We spoke with the registered manager about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result they determined how many care workers were required per person and for how long. The registered manager told us they hired enough care workers to ensure consistency thereby maintaining continuity of care, which was important to people using the service.

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms that detailed previous employment and explained any gaps in employment. This helped to ensure that staff were suitable to work with people using the service.

Good

Is the service effective?

Our findings

People told us staff had the appropriate skills and knowledge to meet their needs. A person using the service told us, "Staff know what they're doing and they understand my needs." Staff told us that they completed training as part of their induction as well as some ongoing training. Of the three staff members whose records we reviewed we found certificates which documented completion of training in mandatory subjects prior to starting work which included safeguarding, first aid and medicines administration. The two care workers we spoke with told us they had completed mandatory training and demonstrated a good level of knowledge in all areas of questioning. The registered manager provided us with a copy of the staff training matrix which showed the dates of completion of mandatory training subjects. This showed that most staff were up to date with their training and for those who were not, we saw evidence that training was booked to take place within a two month period.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. Senior staff told us supervisions were supposed to take place every three months and occasionally took place more often if the staff member needed extra support. Staff files included evidence of regular supervisions and annual appraisals where the person had been working at the service for more than one year. Care staff told us they found these discussions supported them in their role.

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 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.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. We spoke with two care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager. This helped to ensure that people's rights were protected in relation to consenting to their care and support.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Care workers told us they helped people to go shopping and sometimes cooked their meals when this was part of the overall care package provided. We saw records that detailed people's nutritional needs, allergies and likes and dislikes in relation to food. Care workers demonstrated a good knowledge of people's nutritional requirements.

Care records contained information about people's health needs, including up to date explanations of the

signs and symptoms of some people's conditions. Senior staff told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs. When questioned, care workers demonstrated that they understood people's healthcare needs which helped to ensure that people's individual needs were responded to and met.

Good

Is the service caring?

Our findings

People gave good feedback about the care workers. A person using the service told us, "I am happy with the carers", and a relative we spoke with told us "They are absolutely exceptional." People we spoke with told us they were treated with kindness and compassion by the care workers who supported them and said that positive and caring relationships had developed.

Our discussions with the registered manager and care workers showed they had a very detailed knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and relative we spoke with confirmed that their family member's care workers knew them well. .

The registered manager told us they tried to match care workers with similar interests or similar backgrounds to the people they cared for in order to encourage good relationships. We saw that care records contained a specific tool for matching care workers with people. This document identified the skills needed among the care workers as well as the personality characteristics which were required. On the basis of this exercise people were matched with care workers appropriately. A relative we spoke with also told us they had additional requirements for their family member and these had been met.

Care workers demonstrated an understanding of people's emotional state and moods and how they could sensitively respond to support people. One care worker gave us specific details about a person they cared for and told us how they usually reassured them. Care workers gave us examples of people's behaviour and how they often responded to things that made them anxious as well as how they helped them to deal with this. We also saw practical guidance in care records about how care workers could help people to improve their mood and deal with things that often made them anxious.

Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. Comments included, "One person is very particular about their privacy so I am very careful about this" and "I always respect people's wishes." People we spoke with also confirmed their privacy was respected. One person told us "Staff are very respectful."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service and this formed part of the initial needs assessment. One care worker gave us examples of people's religious needs and how they helped them to meet these.
All care workers and other staff were fluent in British Sign Language which assisted people to communicate their needs effectively. People's comments about their care needs were incorporated into their care plans which were person centred. People were given the mobile telephone number of the registered manager so they could send text messages when needed and email communication was also used with staff at the office to assist people to make contact when needed.

Good

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. A person using the service told us "They help me with what I want."

Care workers told us they offered people choices as a means of promoting their independence. One care worker told us "My clients are very independent and I am very careful about how I help them as I want to promote this."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health and dietary requirements. We looked at three care plans and all had been completed with the people who used the service or their relatives. They provided information about how the person's needs and preferences should be met. For example, we saw many written examples of people's preferences with regard to food and drink as well as how care staff could assist people with their communication needs. For example, one person needed assistance in communicating their needs with external agencies and they told us their care worker provided this when needed.

People we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. They confirmed care staff kept daily records of the care provided and these were available for them to see.

Care records showed people's involvement in activities. As part of the initial needs assessment, the registered manager or other senior staff spoke with people and their relatives about activities they were already involved with so they could continue to encourage these. Senior staff told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed. Care records included details about people's recreational pursuits along with specific advice for care workers in how they could promote these. Care workers confirmed they encouraged people to participate in activities they enjoyed and accompanied them to these to help avoid social isolation and to support them to meet their social and leisure needs..

People expressed their views and these were prioritised in decisions about the support they received. We saw examples of people's views in their care records, which included ways they liked to spend their day and how care workers could help them with this. We also saw examples of additional advice to care workers in how they could help people to express their wishes and the types of choices they could offer people to encourage them to make daily decisions.

The provider had a complaints policy which outlined how formal complaints were to be dealt with. People confirmed they had never had any complaints, but told us they would speak with the registered manager or other senior staff if they had reason to complain. The registered manager told us how they would handle complaints, but had not received a formal complaint at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

The provider's systems for monitoring the quality of the service were not always effective to ensure that people's individual needs were met at all times. .

We saw evidence of quality audits which were completed by the Registered Manager, which used person centred tools such as '4+1' questions. The '4+1' questions focus discussion on four main questions: 'What have you tried?', 'What have you learned?', 'What are you pleased about?', 'What are you concerned about?' The answers to these questions led to the 'plus 1' question which was 'based on what we know, what should we do next?' Following this the Registered Manager devised a 'Making it Real' action plan. Making it Real is a quality mark which sets out quality statements written by people using services for people using services and identifies what people can expect to see in a person centred service. The service set out their priorities which had been identified as a result of feedback received from people they supported and staff. The action plan was then uploaded to the Making it Real website and was made public.

We also saw a CQC compliance audit report was completed by the service Policy and Practice team. This was organised into each of the CQC inspection outcome areas that the service was required to comply with. However, we found this did not include a review of care records as a note within the audit stated that the records could not be accessed at that visit because the person being supported had not consented to the Policy and Practice team accessing their file. We did not see evidence of action taken by the service to complete this section of the audit. This meant that the shortfalls we identified in relation to risk assessments had not been identified or addressed.

The provider had an open culture that encouraged people's involvement in decisions that affected them. A person using the service and staff told us the registered manager was available and responsive to their feedback. When asked about the registered manager, they said, "She is very approachable and will help."

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

We saw evidence that feedback was obtained from people using the service and their relatives every three months and this was recorded. We saw that the results of feedback were generally positive and action plans were also put in place where concerns were identified so that improvements could be made.

Staff told us they felt able to raise any issues or concerns with the registered manager. One member of staff told us, "She's very, very approachable" and another care worker said "I feel very comfortable going to her, she will help." The registered manager told us monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

The provider had good links with the local community. People who used the service participated in activities at other organisations such as local day centres on a regular basis. Their care records detailed the type of activities they participated in.

We saw accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents to monitor trends or identify further action required and we saw evidence of this, which included an audit of accidents and incidents with required changes and time frames for results. We also saw that care records included details of any incidents in a specific learning log so any learning could be put into action by care workers.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result.

The provider worked with other organisations to ensure that staff followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the GP and dietitians. We spoke with one healthcare professional who commented positively about their working relationship with staff at London Community Care and Support Service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users as the provider did not always assess the risks to the health and safety of service users or do all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b).