

Action Deafness

Action Deafness

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service: Action Deafness is a charity which provides a range of specialist services, including care and support, to people who are deaf or hard of hearing. Action Deafness works in partnership with another specialist agency in Cambridgeshire to provide care and support to people in their own homes in Cambridgeshire. Its office base is in Leicestershire. At the time of the inspection, Action Deafness was providing personal care to eight people using the service. All eight people and staff supporting them were deaf and communicated using British Sign Language.

People's experience of using this service:

People received safe care. However, information in their risk assessment did not always reflect known risk to their care and support. This meant that staff did not always have sufficient information to guide them. The provider needed to make improvement in their recruitment protocols to ensure that they assure themselves that they employed staff who were suited to work with people that used the service.

There was sufficient number of staff deployed to meet people's needs. People's medicines were managed safely. Staff were knowledgeable on how to identify and report any concerns regarding people's welfare and wellbeing,

Staff had the relevant skills and experience they required to meet people's needs. They sought people's consent before they delivered care and offered them choice and control. They demonstrated that they understood the requirement of the Mental Capacity Act (2005).

People received care that was tailored to their individual needs. They were actively involved in planning their own care and support. Care staff supported them to access opportunities and events of their choice.

The provider had suitable systems in place to deliver a good standard of care. The management team provided sufficient supervision and guidance to support staff to meet the needs of people that used the service.

Rating at last inspection: Requires Improvement; published 27 December 2017.

Why we inspected: Planned inspection based on previous rating.

At the last inspection on 21 September and 03 October 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service was rated overall Requires Improvement.

Following our inspection, the provider informed us what they would do to meet the regulations.

At this comprehensive inspection we checked if they had now met the regulations. Our visit was announced. This meant the staff and the provider knew we would be visiting. During this inspection we found the provider had implemented the necessary improvements. At this visit we found evidence to demonstrate and

support the overall rating of Good.

Follow up: We will continue to monitor the home in line with our regulatory powers. More 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.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Action Deafness

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector who was supported by a British Sign Language interpreter.

Service and service type:

Action Deafness provides support to deaf or hard of hearing people living in their own homes. At the time of our inspection, they worked in partnership with another specialist agency in Cambridgeshire to provide care and support to people in their own homes in Cambridgeshire.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us.

Inspection site visit activity started on 28 March 2019 and ended on 10 April 2019. We visited the office location in Loughborough, Leicestershire on 28 March to see the registered manager; and to review care records and policies and procedures.

What we did:

Prior to the inspection taking place, we reviewed information we held about the service. This included any statutory notifications. A notification is information about important events that the provider is required to send us by law.

During the inspection we looked at a variety of records. These included care records relating to three people, three staff recruitment and training records. We also viewed other documentation which was relevant to the management of the service. We met with three people in their own homes to gain their views about the service. We also met with two care staff which included a team leader.

After the inspection; the registered manager sent us additional documentation which we reviewed as part of this inspection.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 21 September and 03 October 2017. At that inspection we found there was not always enough staff to meet people's needs. The provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014; Regulation 18 - Staffing. We also found that people's medicines were not always managed safely. The provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014; Regulation 12 - Safe care and treatment.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had risk assessments in place to support staff to provide safe care. The risk assessments we reviewed showed that the provider had not always considered people's variable needs and provided sufficient information to support staff to recognise and effectively support these needs. For example, where they had identified a person may behave in a way that could others, there was no guidance in place to support staff to identify triggers and support accordingly.

Staffing and recruitment

- The provider had completed some of the required pre-employment checks before staff employment commenced. However, we saw that some of the staff recruitment records did not include references from people who could attest to the staff member's character or employment history. The registered manager told us that they had identified this issue and were in the process of sending out reference requests to relevant people.
- There were sufficient care staff to meet people's assessed needs. The registered manager told us that they used a dependency tool to ensure that staffing resources were available for the number of hours people were commissioned to receive support.
- The provider had systems in place to monitor and assure themselves that staff were available to support people at agreed times.
- One person told us, "(Staffing) is always sufficient." Care staff also agreed that staffing numbers were sufficient to allow them meet people's needs in a safe manner.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us that they felt safe using the services of Action Deafness. They felt supported by their care staff to maintain their safety whilst in the community and in their own homes. One person said,

"The service is brilliant." They went on to tell us that they previously lived at a care home which did not meet their needs, but have had a great experience using the services at Action Deafness.

- Staff were supported to understand their responsibilities to keep people safe. We saw that identifying and reporting any safeguarding concern was part of regular team meetings and personal development discussions. Staff we spoke with knew and applied the provider's protocols to record and report any safeguarding concerns.

Using medicines safely

- The provider had protocols in place for the safe storage and administration of people's medicines.
- People were supported to maintain their independence with administering their medicine. Staff provided sufficient support where required to ensure that people did this safely.
- Where staff supported people with administering their medicines, they completed appropriate records to show that they provided safe support. The provider had protocols in place to maintain regular audits of people's medicines records to assure them that staff supported people with their medicines in a safe manner.

Preventing and controlling infection

- We observed that people's home was clean and well maintained. Staff wore personal protective equipment when they supported people with their personal care needs. This demonstrated that staff took actions to prevent and minimize the risk of an infection spreading.

Learning lessons when things go wrong

- The registered manager and staff team had systems in place to record and report incidents and concerns people raised. They carried out robust investigations and used this as a tool to improve people's experience of the care they received.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care records included an assessment of their needs and information to guide staff to support their needs effectively. We saw that the provider had taken steps to plan and deliver care which promoted fairness and equality.
- The provider had invested in relevant technology as a means to communicate with staff and allow them easy access to relevant information regarding people's care and support. Staff we spoke with told us that they found this very effective.
- People also had access to technology which enabled them to access interpreting services. This in turn promoted their independence and ability to access services within the wider community.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support the people that used the service. All the care staff were deaf or hard of hearing and were proficient in the use of British Sign Language used by people they support.
- People gave us several examples of how staff demonstrated that they had the skills to support them with their needs. This included how staff supported them when they may behave in a manner that could challenge others.
- Staff we spoke with told us the training they received equipped them with the skills they needed to fulfil their role. A member of the care staff team told us, "Training is good. It gives me what I need for the job." The registered manager told us that they were in the process of commencing additional online training for staff.
- Staff received regular supervision support from their managers.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to meet their nutritional needs. Care staff supported them to shop for and cook their meals. We observed a person being offered choice and control with this task. A care staff told us, "We [care staff] make all the meals." Another person told us, "[Care] staff cook for me. They ask 'what do you want?' and they cook it."

Staff working with other agencies to provide consistent, effective, timely care

- The provider strove to support people in a consistent manner including when they accessed a variety of opportunities and services within the community. Staff shared information effectively with other agencies. People were able to use their commissioned hours flexibly. This enabled them to be supported by staff who knew them when they attended appointments and events in the wider community.

Adapting service, design, decoration to meet people's needs

- People's home premises met their physical and sensory needs. For example, their home were wheelchair

accessible. The premises was clean and well maintained.

- People had access to spaces and equipment which meet their needs and promoted their independence.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services. Staff made prompt referrals to health care agencies where required. They made relevant arrangements to ensure that people could give and receive health information in a way they could understand. One person gave an example of how staff promptly supported them to make relevant referrals to deal with issues relating to their mobility aid.
- A member of care staff told us "[Person] is independent enough to tell us when they need support from a health professional. We will contact the GP and book an interpreter." We observed care staff support a person with their after care routine following a medical procedure.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At this time of this inspection, none of the people that used the services of Action Deafness was deprived of their liberty.
- Staff had good knowledge of MCA and consent. They told us that they discussed how they apply MCA in practice at their regular team meetings. We observed that the way they supported people demonstrated they had a good understanding of MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- □ Care staff supported people in a kind and compassionate manner. We observed several examples of kind, friendly and effective interactions between people and care staff. People appeared happy and at ease in the company of their care staff. One person told us, "Staff are brilliant and funny."
- □ People told us that staff took time to understand their needs and sought to support them with their needs. We observed that staff were very patient to give people the time and support they required to communicate their needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- □ Staff supported people where necessary to use technology or other relevant communication aids to express their feelings and choices.
- □ People had access to advocacy services where relevant. One person told us that they had regular support from an advocacy service to support them with their wishes and plans.
- □ The provider supported people be involved in decisions about how resources were used to meet their care needs. People could have care staff support in a way that suited their individual needs and preferences. For example, people could 'bank' additional hours of staff support in order that they could have extended support when they needed it.

Respecting and promoting people's privacy, dignity and independence

- □ We saw that staff treated people with dignity and respect. They supported people in a manner that promoted people's dignity. For example, they provided support in an enabling manner, offering people choice and control about the care they received. They were respectful in the way they addressed people and were respectful with people's belongings in their home.
- □ People were supported to be independent as possible. Staff ensured that they had access to relevant forms of communication, aids and equipment that promoted their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since our last inspection, the provider had made improvements in developing people's care plans. Care plans were centred on people's individual needs.
- The care support people received was tailored to their choices and preferences. People we spoke with told us that staff respected their choices. One person told us, "They [care staff] do what I ask for."
- People were supported to access activities of their choice including following their beliefs or faith. They planned their own social calendar and staff provided support with accessing and completing the activity.
- During our inspection visit to a person's home, we observed their plan for the day was led by the person with staff supporting their choices and preferences.

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns or complaints they may have about the service they received. A care staff told us, "[Person] will come to me [team leader], or go to the office where there is a confidential room and I will contact [manager] who will investigate and we will come back to [person]."
- People told us that they felt they were listened to when they raised any concerns or complaints. One person said, "I will tell [manager] and they would sort it. I would go up to the office. I know where to go when I am unhappy."
- We reviewed records which showed that people's complaints were investigated and responded to.

End of life care and support

- None of the people that used the service was receiving support with end of life care. However, the provider had care planning protocols in place to support people to express how they would like to be cared for towards the end of their life.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 21 September and 03 October 2017. At that inspection we found the management arrangements were not effective and did not promptly support staff to fulfil the requirements of their role. They did not maintain an effective communication or oversight of the service, and did not have systems in place to assure themselves that people were receiving safe care. The provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014; Regulation 17; Good Governance.

At this inspection, whilst we saw improvements had been made, these needed to be further embedded and sustained within the service. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had protocols in place to support the delivery of a good standard of care that focused on the needs of the individual receiving care.
- The service promoted a culture where individuals were empowered to feel in control of their lives.
- Incidents that occurred within the service were recorded and acted on accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt supported by the management team. One care staff told us, "[Manager] is really good. If I need support I can contact them directly. We also use [technology] for communication between manager and staff."
- Staff told us that there was a culture of effective communication. They said, "The priority is communication." They told us that this was supported by the use of [technology] to share information about people's support and general handover of information within the service. A member of care staff told us, "[Technology] is very good, we use it everyday."
- People and staff told us that the management team involved them and effectively communicated any changes within the service.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and had taken feedback from our previous inspection of the service and used this to improve the service.

- The registered manager had quality assurance systems in place to check that they delivered a good standard of care to people. However, we found that they did not consistently record the actions they took to address issues. The registered manager told us that they will make improvements to their system to show a clear trail of actions they had taken.

Working in partnership with others

- The provider worked in partnership with other professionals and specialist organisations to provide the support that people needed to promote their wellbeing and engage fully with the community. A member of care staff told us about another organisation that they worked in partnership with. They said, "Service is connected to [online interpreting provider] paid for by Access to work, people use this to access GPs, opticians, nurses etc."