

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	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

London Community Care and Support Services is an Outreach service that delivers personal care and support to people, who have a hearing impairment, in their own homes. At the time of the inspection the service was supporting 50 people, two of whom received support with the regulated activity personal care. Not everyone using London Community Care and Support Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post. 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.

The service was previously inspected on 8 August 2016 and was given an overall rating of 'Requires Improvement'. At this inspection we have changed the overall rating to 'Good' for each of the five key questions, 'is the service Safe, Effective, Caring, Responsive and Well-led?'. Following the last inspection, we asked the provider to complete an action plan to demonstrate what they would do and by when to improve the key questions, 'Is the service safe', and 'Is the service well-led' to at least 'Good'.

At this comprehensive inspection we found the provider had made improvements in relation to the safety of the medicines management and risk assessments.

The service had developed risk management plans to keep people safe. Risk management plans gave staff clear guidance on responding to identified risks and were reviewed regularly.

People were protected against the risk of harm and abuse. Staff received on-going safeguarding training to identify, respond and escalate suspected abuse. Staff were aware of the provider's policy on safeguarding and told us they would whistleblow if they felt their concerns were not addressed in a timely manner.

People were supported by staff that had undergone robust pre-employment checks. People were encouraged to participate in the recruitment and selection of potential staff. Relatives confirmed there were sufficient numbers of staff deployed to keep people safe. Staff received on-going training in areas the

provider deemed as mandatory. Staff reflected on their working practices through regular supervisions and annual appraisals.

The provider ensured systems and processes in place recorded and monitored people's medicine. Staff received training in supporting people to receive their medicines as intended.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had sufficient knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's wellbeing was regularly monitored to ensure their health was maintained. Staff supported people to access a wide range of healthcare professional services. Where people's care package included support with meal preparation, this was delivered and people were encouraged to maintain a healthy lifestyle.

People's care plans were person-centred to meet their needs. Care plans were regularly reviewed and people were supported and encouraged to participate in the development. The provider demonstrated a commitment to providing people with accessible information to ensure they understood the care and support they were receiving.

People were aware of how to raise their concerns and complaints. The provider managed complaints in a timely manner, seeking positive outcomes for those involved.

The service carried out regular audits and sought feedback from stakeholders to drive improvements. Audits and feedback were analysed by senior management and action plans developed to address any issues identified in a timely manner.

The registered manager actively sought partnership from other healthcare professionals. Guidance and advice shared by healthcare professionals was then implemented into the delivery of care.

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 safe. People were protected against the risk of harm and abuse as staff were able to identify, report and escalate suspected abuse.

The service had developed risk management plans that identified known risks and gave staff clear guidance on how to manage those risks.

People received care and support from sufficient numbers of suitable staff to keep people safe.

The service had systems and processes in place to mitigate the risks of cross contamination.

Good ●

Is the service effective?

The service was effective. People were supported by staff that had the skills and knowledge through regular training to meet their needs.

Where agreed in people's care plans, people were supported to access sufficient food and drink to meet their dietary needs and requirements.

People were supported to have access to healthcare professional services to monitor and maintain their well-being.

People were protected against unlawful restrictions being placed on their liberty, as staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good ●

Is the service caring?

The service was caring. People received care and support from people who were passionate about their roles and treated people with dignity and respect.

People were encouraged to embrace their independence, treated equally and had their diversity respected.

Good ●

People continued to be encouraged to express their views and had their decisions respected.

Is the service responsive?

The service was responsive. People received personalised care and support and care plans were comprehensive. Care plans were developed in conjunction with people and their relatives.

People were supported to raise any concerns or complaints. Complaints were fully investigated in a timely manner.

The service sought to ensure information was accessible to people in line with the accessible information standard and in a manner they understood.

Good ●

Is the service well-led?

The service was well-led. People spoke positively about the registered manager and said they found her approachable.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The registered manager actively encouraged partnership working with other healthcare professionals.

The service carried out regular audits and sought feedback on the service to drive improvements.

Good ●

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 checked 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.

This inspection took place on 5 and 11 January 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available to speak with us.

The inspection was carried out by one inspector and a registered interpreter who was proficient in British Sign Language (BSL).

Prior to the inspection we gathered information we held about the service, for example information from members of the public, statutory notifications and Provider Information Return (PIR). Statutory notifications are information about important events which the service is required to tell us about by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with one person who used the service, one relative, two care support workers, the registered manager and the area manager. We also contacted two healthcare professionals to gather their views. We reviewed two care plans, risk assessments, medicine records, two staff files, training matrix, policies and procedures and other records relating to the management of the service.

Our findings

At our last inspection of this service on 8 August 2016, we identified risks were not always thoroughly assessed to ensure people received safe care that protected them from avoidable harm. For example, two people's care records where specific risk assessments were not conducted despite there being identified risks.

At this inspection on 5 and 11 January 2018 we identified the service had made improvements regarding the development and content of risk assessments.

The service had developed risk management plans that identified risks and gave staff clear guidance on how to mitigate those risks. A staff member told us, "There are lots of risk assessments in place, wheelchair use, mobility etc. When there are changes to the risk assessments we are informed. If I notice any [new risks] I share it with everyone, so that we are all up-to-date." Records showed risk management plans covered, mobility, medicines management, personal care, health and safety, community access and fire safety. They also identified the risk, how harm may be caused, who was at risk of harm and what control measures were in place. Risk assessments were regularly reviewed to reflect people's changes needs and where possible signed by the person.

We spoke with the registered manager regarding our concerns at the last inspection, who told us, "We have developed the risk assessments with the involvement of the Occupational Therapist. We have provided more moving and handling training, however we have more planned. The risk assessment is now more personalised and specific to the support needed." We identified the risk assessment in question had clear and succinct guidance for staff to follow and confirmed what the registered manager had told us.

People received their medicines as prescribed. Although the service did not administer medicines, people were prompted by staff members to self-administer their medicines. One staff member told us, "I do check that the person has taken their medicines, by checking their blister pack, if they haven't taken them we prompt them to do so." At the last inspection we identified risks relating to one person not receiving their medicines had not been clearly documented. This meant that staff may not be aware of what action to take should the person fail to self-administer their medicine. We spoke with the registered manager regarding our concerns at the last inspection and the registered manager informed us that in order to ensure people had taken their medicines, staff would log this in a designated document, which would then be checked by the staff next on duty. This meant that if any incidents of missed medicines took place, immediate action could be taken to minimise the impact on people's health and wellbeing.

People were protected against the risk of harm and abuse . One person said, "I do feel safe, the staff help me." A relative told us, "Yes, absolutely [relative] is safe." A healthcare professional told us, "The service appears safe." Staff had sufficient knowledge in how to identify, report and escalate concerns of alleged abuse. One staff member told said, "I would report any abuse to the management. I'd write a report and inform the local authority safeguarding team. If nothing was being done, I would escalate it higher." Staff confirmed they had received training in safeguarding, records confirmed what staff told us. Although there had been no reportable safeguarding incidents in the last 12 months, the registered manager was able to demonstrate good practice in reporting suspected abuse and the process in reporting any allegations.

The service had taken reasonable steps to keep people safe, by employing suitable staff. We reviewed staff records and found that staff files contained information relating to references received, proof of identification, proof of address, previous employment and a Disclosure and Barring Services (DBS) number. A DBS is a criminal record check, employers undertaken to enable them to make safe recruitment decisions. Suitable numbers of staff were deployed to ensure people were kept safe. A relative told us, "They [the service] seem to be able to cover what we need with no difficulty. We get a time table so we know when people are coming. There may be a different person but [my relative] doesn't have a problem with that." A staff member told us, "We manage quite well and things get done. No issues of being short staffed." Records confirmed what staff told us.

People were protected against the risk of cross contamination as the provider had systems in place to manage infection control, including individual risk assessments. One staff member told us, "We use hand washing as a way to maintain hygiene, protective gloves, shoes and aprons." Staff were aware of the provider's guidance in managing infection control.

Our findings

People received support from staff that received on-going training to meet their needs. One relative told us, "Staff are really bright. Having British Sign Language as a first language, this has really helped [communication]." A staff member told us, "I've had moving and handling, first aid and others. When I first started here there was a lot of training, it's been absolutely helpful and a real eye opener." We reviewed the staff training records and found all staff had received training in medicines management, mental capacity, deprivation of liberty safeguards, first aid, moving and handling and other training the provider rated as mandatory.

Staff confirmed they received an induction upon joining the service. Staff spoke positively about the induction process, with one staff member saying, "The induction included training and information about the company. I received shadowing to introduce me to people and learn about my role. I could have asked for more shadowing if I wanted to." Staff competency for the role was then assessed, prior to working without direct support. Staff were supported to complete the Care Certificate. The Care Certificate is a set of 15 nationally recognised standards that care workers work towards completing during the induction process. One record we reviewed indicated the staff member had completed 94% of the Care Certificate.

Staff were supported to reflect on their working practices through supervisions, annual appraisals and team meetings. One staff told us, "I have had supervisions and an appraisal. We talked about doing the National Vocational Qualifications (NVQ) and things that I could improve on. I've also received positive feedback." A second staff member said, "We have a team meeting every two months or so. We talk about any news or issues and refresh ourselves on the policies." We reviewed the supervision files and found these were comprehensive and detailed action points and objectives for staff to achieve in the coming months.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider's policy supported this practice.

People's consent to care and treatment was sought prior to the delivery of care. A relative told us, "They [staff members] really do offer [relative] choices. They have really good strategies in working with [relative], so they can understand what he wants and needs." Staff had sufficient knowledge of their roles and responsibilities within the MCA legislation. Staff and records confirmed they received both MCA and DoLS training. One staff told us, "We need to make sure that people have the ability to make a decision for

themselves. If they can't we would need to follow guidance. The [hospital] supports us to do the MCA [where appropriate]." Another staff said, "By asking people what they want and what they want from us [staff members] we are offering them choices. If they want help we provide support or information about what it is they want."

Prior to receiving care and support the service carried out assessments of needs to ensure they could meet their needs. Assessment of needs detailed what level of support people required in relation to personal care, support in their home, in the local community, with meal preparation and healthcare needs including medicine administration.

People were supported to maintain a healthy lifestyle wherever possible. People's care plans identified their health and dietary needs clearly. One staff member told us, "I support my client to make their meals. I will do the things that they aren't able to, [using the oven]. I don't support anyone with a specific specialist diet but I am aware of people who prefer foods based on their culture." People continued to be supported to access a wide range of healthcare professional services to ensure their health was monitored. For example, opticians, G.P, hospital and dentists. Guidance given from healthcare professionals was then implemented into the delivery of care.

Our findings

People received care and support from staff that demonstrated compassion, understanding and kindness. A relative told us, "Staff are much more ambitious with what they are doing and encouraging [relative] to meet up with friends. I'm really happy about that." A healthcare professional told us, "I would strongly agree it was caring due to the lengths that were made for the assessment [care plan review]." During the inspection we spoke with staff that were passionate about the people they supported and care they provided. With one staff member saying, "We [staff team] are very supportive of one another. We communicate well and are flexible. We are a supportive and happy team." Staff knew the people they supported well and spoke of them highly.

People continued to be treated with dignity, respect and had their independence maintained and encouraged. A relative told us, "Absolutely, definitely. We are so lucky at the moment." Staff were aware of the importance of maintaining people's dignity and treating people with respect. Staff appeared enthusiastic about encouraging people to maintain their independence, for example one staff member told us, "Sometimes they [people] may want me to do things for them that they can do themselves. I try to support them to understand that they can do these things. I explain to them in a way they understand, signing or in picture format. It's important that we give them control of their independence." Care plans clearly detailed what areas people required support with and what they were able to do themselves. This meant that the staff providing support did not de-skill people, more so enhanced their daily living skills.

Staff had significant understanding of promoting equality and embracing people's differences. People who wished to be supported to visit venues that reflected their religious views were supported to do so. One staff member told us, "People we support are from different religious beliefs. People are able to choose who they want to support them, they may not want to work with someone of a different religion and that's not a problem. I support one person who likes certain foods that reflect their culture. I have researched where I can purchase that food, so I can help them make it with them." The service had an embedded culture of ensuring people encouraged to choose who they wanted to support them and where possible this was respected.

People were supported by staff that could communicate effectively with them. The service employed staff that were both hearing and hearing impaired and proficient in British Sign Language (BSL). A relative told us, "The communication is such a relief. Knowing that all the staff are on the same page is a huge burden off everyone's shoulders." A staff member told us, "I can emphasise with people we support as I'm also deaf." By employing staff that were able to identify with people's needs and were aware of the complexities of being

hearing impaired, this helped to secure meaningful relationships.

The service had systems in place to ensure people received support and guidance from staff that effectively met their needs and matched their interests. Upon commencing employment staff were encouraged to complete a personal profile page, that detailed their likes, dislikes, hobbies and interests. This was then shared with people, who could then decide if they had common interests and if they wished to be supported by that staff member.

People were encouraged and supported to be part of the recruitment and selection process of new employees. People were part of the interview panel and asked potential employees questions about their skills and experiences. Staff employed were done so in conjunction with people who used the service and would have a direct impact on the people employed.

Our findings

The service had developed care plans which were person centred and where possible with people their relatives and healthcare professional involvement. Care plans detailed people's preferences, likes and dislikes, health, social and mental health needs and gave staff clear processes to follow in order to meet their needs. One relative told us, "The staff have encouraged us to be involved in [relative's] care plan. The Keyworker has really put a lot of effort and thought into [relative's] care plan. It's really thorough. They [staff members] absolutely ask our views and we review [the care plan] in draft."

Care plans were reviewed regularly to reflect people's changing needs. Where changes had been identified this was then shared swiftly with staff to ensure they adjusted the delivery of care accordingly. The service had gathered feedback from people which suggested they would prefer their care plans in video format so that they would have a greater awareness of its contents. Records confirmed the service were aware of the importance of supporting people with accessible information and even though this was in place in pictorial format at the time of the inspection, the service were committed to reviewing their processes to implement a video format.

People continued to be encouraged to make decisions about the care they received. People confirmed they chose what kind of support they required and this was delivered. Staff confirmed they asked people what support they wanted prior to delivering support. The service held regular focus group meetings, where people were encouraged to attend, share their views and participate in the development of the organisation.

The service had taken steps to support people with their communication needs and requirements in relation to the accessible information standard. People who used the service were deaf and communicated by using British Sign Language (BSL). The service employed staff that were proficient in BSL. The majority of staff employed were deaf or had a hearing impairment. The service had an accessible information document that was shared with people called, 'I can expect'. This documents was in pictorial format and showed people using BSL signs to explain the four key aspects of the document, 'communication', 'choice', 'decision' and 'learn'. The service also used Next Generation Text Service (NGT) Lite, as a way to communicate with people. NGT is a text service that enable people to text their questions or conversation to a secured control centre, that then relays that information to the intended recipient. This could be used by people on their mobile phone, computer or tablet.

People were supported to participate in activities of their choice that met both their preference and social

needs. One person told us, "Staff help me to go out." A relative confirmed that staff supported people to maintain social relationships, participate in activities and attend. A staff member told us, "I support one person to go to museums and other new places. We discuss where they would like to go the day before and make plans. I also take people to the beach, shopping [in line] with their budget."

Staff had sufficient understanding of social isolation and how that may impact on their mental health. One staff member told us, "When you think someone is socially isolated, we make suggestions on what they could do. [For example] attending social events. Some people do feel lonely and we encourage them to go out but respect their choice. If I was concerned I would inform the registered manager and share it with staff." Daily log books kept by the service ensured changes to people's presentation was identified, recorded and escalated as a priority.

People were supported to understand how to raise a concern or complaint. A relative told us, "I'm aware of who to contact. When I have had complaints I go to the staff and then the office. It was resolved and they're [the service] really responsive. The service had a complaints policy in place and people were given a copy of the complaints procedure in pictorial format. The pictorial format set out how to complain by people signing the steps required. This meant that it was easier for people to understand who found the written word difficult. We reviewed the complaints file and found the service had received one office complaint in the last 12 months. The complaint had been fully investigated, support offered to those involved and actions taken to mitigate repeat incidents.

Our findings

People, their relatives, a healthcare professional and staff spoke positively about the management of the service. One person we spoke with told us, "[Registered manager] is a very good person." A healthcare professional said, "I would also agree [the service] was well- led following contact I have had with [registered manager] over the past few weeks."

Staff described the registered manager as 'approachable'. Staff confirmed they could meet with the registered manager at a time suitable to them and were able to contact all members of management if they had any concerns or required support. During the inspection we observed staff speaking with the registered manager for support and guidance. Staff appeared relaxed and confident when speaking with the registered manager.

Staff had a clear understanding of the service's values and ethos. One staff member told us, "We [staff members] make sure that everyone is safe, has choice, control and their wellbeing is met for now and in the future." The service had an embedded culture of supporting people through person centred working and empowerment.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People were regularly involved in the development of the service. Regular focus group meetings encouraged people to share their views and where appropriate these were then incorporated into the service delivery. Annual quality assurance questionnaires sent to people and their relatives also enabled the service to gather people's views. We reviewed the 2016 and 2017 report which was devised based on the responses to the questionnaires received. The report noted an overall satisfaction with the service was at 92%. Of which, 80% were happy with how the service communicated and that people had highlighted they wanted fewer staff changes. As a direct result of the survey, people were now involved in the recruitment and selection of new staff and the review of assisted technology as part of the care planning process.

Since the last inspection the service had made improvements in auditing and governance of the service. We reviewed the audits carried out by the service and identified this included, records such as, health and safety, staff files, care plans, medicines management and risk assessments. The area manager completed regular audits, overseeing in-house audits had been completed in a timely manner. Any issues identified were then clearly documented and an action plan developed to address the issues, stating who was

responsible, when to be completed and any further support to complete such works.

Partnership working was important to the service to ensure they delivered care appropriate to people's needs. A healthcare professional confirmed they had worked collaboratively with the service. Partnership working included healthcare professionals such as, mental health team at a local hospital, G.P and local authority social workers.