

Deaf Solution Ltd

# Deaf Solution Ltd

## Inspection report

Office 3, Block D, Balby Court Business Campus  
Balby Carr Bank Road  
Doncaster  
DN4 8DE

Tel: 01302244472

Date of inspection visit:  
26 July 2022

Date of publication:  
25 August 2022

### 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

### About the service

Deaf Solution Ltd is a domiciliary care service, providing personal care to deaf people living in Rotherham and Doncaster.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the day of inspection, five people were receiving the regulated activity of personal care.

### People's experience of using this service and what we found

Systems were in place to protect people from abuse. These included safeguarding policies and training for staff. Personalised risk assessments helped keep people safe and supported their independence. People's medicines were managed safely. Infection prevention and control measures were in place. Staff participated in the regular COVID-19 testing programme.

The provider ensured there were enough suitably skilled staff to provide people with the care and support they needed and wanted. People received care from regular care staff who were punctual. The registered manager ensured changes in staffing were communicated to people. Appropriate recruitment processes helped ensure only suitable staff were employed to provide care and support to people using the service.

People's needs were assessed before they used the service so the provider knew whether they could meet those needs. Staff were trained how to support people effectively and were provided an induction before starting employment. People were supported to eat and drink and make choices with their food. Staff worked with other agencies to provide effective care.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible, and in their best interests. The policies and systems in the service supported this practice.

People received care and support which respected their dignity, privacy and promoted their independence. Staff understood equality and diversity and ensured people's preferences were respected. People were provided with information about how to make a complaint and their feedback was welcomed.

People's care records were re-assessed regularly and guided staff on how to assist people safely whilst encouraging their independence. People's communication needs were detailed in their care plans. Care plans also detailed people's preferences of support, for example, gender of staff.

The provider operated effective quality monitoring systems and sought feedback from people using the service. Checks were undertaken to ensure staff acted in a caring way and properly followed people's

individual care and support plans.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 21 December 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Deaf Solution Ltd

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

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

#### Service and service type

Deaf Solution Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 July and ended on 1 August 2022. We visited the office location on 26 July. We reviewed documents and contacted staff on 1 August 2022.

#### What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2020. We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager and two care staff. We reviewed a range of records this included; three people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The provider had a safeguarding policy in place. This outlined its responsibilities in helping to keep people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay.
- People told us they felt safe and at ease when they received their care. One person said about the staff, "I feel safe. They are all nice to me."

Assessing risk, safety monitoring and management

- Managers identified risks to people's safety and implemented procedures to manage them.
- People had personalised up to date risk assessments. These included risks associated with their personal safety, mobility, and home environment. Risk assessments contained guidance for staff on safely managing people's identified risks while ensuring their preferences were respected.
- Staff received information about what to do in the event of an emergency. Information about health professionals and key contacts were included in people's care records.
- One staff member confirmed there was a system in place to record any accidents and incidents. They told us they would also contact the registered manager straight away, who would ensure effective action was taken to ensure the safety of the person.

Staffing and recruitment

- There were enough staff to meet people's needs. Safe recruitment processes were in place.
- There was a call monitoring system to provide the registered manager and care supervisor with oversight of the times and durations of support calls made and identify any issues with late or missed calls. This was monitored to ensure any issues with care were identified as they arose.
- We checked the recruitment records for three new staff members. We found appropriate recruitment checks had been completed to ensure they were suitable for their roles. The registered manager told us they tried to match people with care workers who shared similar hobbies and interests.
- People said there had been no missed calls which we confirmed from records. They said calls were usually on time and staff stayed the full duration and sometimes stayed longer to help them. One person said, "Staff timing is fine, they will change times to suit me if I wish."

Using medicines safely

- The provider had systems in place to make sure people received their medicines safely, which included a medicine policy and procedure. People's care and support plans contained clear information about their

medicine needs and what staff needed to do to meet these needs.

- Where applicable the provider liaised with relevant health care professionals to ensure up to date guidelines were in place to support staff to safely administer specific medicines.
- Checks were made to ensure staff correctly supported people with their prescribed medicines. This included observations of staff practice made by the management team during 'spot check' visits to people's homes and regular checking of how staff completed medicine administration records (MARs) to detect any errors or concerns.
- Staff told us they had received comprehensive medicine training. One staff member said, "I would describe the medication training as very thorough."

#### Preventing and controlling infection

- Staff protected people from the risk of infection. People confirmed staff followed good infection prevention and control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wear their masks, gloves and aprons."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

#### Learning lessons when things go wrong

- The provider had a system for responding to and recording incidents and accidents.
- The registered manager noted there had been no reported incident when providing care to a person. However, they explained their process for recording and reviewing incidents and identifying learning from when things might go wrong to improve the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 needs were assessed before they started to use the service. Assessments included people's support needs and their individual preferences. These assessments formed the basis of people's care plans and risk assessments.
- People participated in their assessments which ensured the process was person centred. People's dietary, cultural, religious, sensory and health needs were included in the assessment. This ensured care staff had the information and guidance they required to provide each person with effective and responsive care and support.
- People's assessments and care plans were regularly reviewed. The registered manager told us these would be immediately updated should there be a change in people's needs or circumstances.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member said, "The training, induction and shadowing was thorough and covered everything I needed to support people."
- A training plan was in place listing all the mandatory training staff were required to complete. This was to ensure staff's knowledge and skills were kept updated and in line with current best practice. The plan was kept under review and additional specialist training added to ensure it covered people's range of needs.
- Staff told us they were well supported by their line managers through regular one to one formal supervision and team meetings.
- People told us staff were competent, knowledgeable and familiar with using specialist moving and handling equipment which gave them reassurance. One person said, "They [staff] are confident with what they are doing. They use the equipment without any problems."

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

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- Staff had a good understanding of people's dietary needs and spoke about the importance of offering healthy choices, when supporting people with their meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a wide range of external professionals to support people's health and well-being. People were well supported during appointments and consultations with health care professionals.

- Staff supported people to understand the information given to them and to express their views by interpreting through BSL, for example at healthcare appointments.
- Oral health care needs were met, where this was identified as a need, and recorded in support plans. Staff were trained in oral health care.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager understood their responsibilities under the Act and staff empowered people to make their own decisions.
- A staff member confirmed they always asked a person for their consent before carrying out a care task and would act on their response.
- No one using the service at the time of the inspection had any restrictions placed on their liberty.

# 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.

This is the first inspection since registration of this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The management team were committed to providing people with the care they needed, how they needed it, and in the best possible way for the individual.
- People's care plans included information about how they wished to be supported. Guidance was provided for staff on meeting people's equality and diversity needs, such as cultural and religious needs and specific disability-related needs.
- The registered manager understood the importance of providing a consistent and reliable service. They arranged people's care visits at the times they wished and were flexible in changing the time of visits if this was required, for example, when people needed to attend healthcare appointments.
- The registered manager ensured people were informed when staff changes needed to be made.
- People we spoke with told us they were supported and treated well by the care staff. One person told us, "Staff respect me and my home. They are brilliant."

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

- People were actively involved in making decisions about their care. People said staff involved them in making decisions about the care and support they received. They told us the service was responsive to their needs.
- Staff said they involved people as much as possible in day to day decisions about their care and support. People's support records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of care people could do themselves and where they required support including how staff could best encourage this. One person said, "The staff encourage my independence but help me when I need them to."
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure people's independence, dignity and privacy was promoted and respected.
- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said during personal care the staff, "Always close the bedroom door when giving personal care."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were developed with the person, and their representative where appropriate, to ensure it was personalised to their needs. Information was reviewed monthly, or earlier if any changes were identified.
- Staff said they had read people's care plans, and it reflected the level of care and support they gave. One staff member said, as time progressed, if they noticed any changes, they would tell the registered manager so the care plan could be updated.
- People told us care staff were considerate of individual preferences, taking account of what was important to them. One person said, "I won't have male carers and the agency respects this."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People told us they knew how to make a complaint. One person said, "I know how to complain but have not needed to do so."
- There had not been any complaints about the service. The registered manager told us they would ensure every complaint would be responded to effectively by following the complaints procedure, and any lessons learnt would be shared with staff.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to the registered manager.

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The registered manager informed us, should they be required to provide people with end of life care they would always ensure they liaised closely with people's relatives, healthcare professionals and others to

ensure each person received the care they needed and wanted at the end of their life.

# Is the service well-led?

## Our findings

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to ensure ongoing learning in order to make improvements.
- The registered manager and staff were clear about their roles and shared the same values of providing a high quality, safe service. They focussed on ensuring people received the right standard of care which supported their overall wellbeing as well as their care needs.
- Staff had access to policies and procedures, which were kept updated to reflect current guidance and best practice.
- The provider used robust quality assurance systems to ensure people received individual care and support to meet their needs. For example, the care supervisor carried out observational visits to check people were well supported in line with their agreed care package.
- One person described the registered manager as, "Very nice and always approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers ensured people were at the centre of their support by providing staff trained to meet their needs.
- Staff told us there was an open culture at the service. They felt supported and encouraged by the registered manager. One member of staff told us, "I have received nothing but support and encouragement from them [registered manager]. It's a great place to work, very supportive."
- People told us they found the registered manager to be warm and professional. Comments included, "I like it all, the care staff and [registered] manager are all fantastic."

Continuous learning and improving care

- Learning was taken from incidents to improve people's experience of care.
- The registered manager and senior staff checked how staff completed documents including the records for each visit and the completion of medicine administration records. This enabled the provider to identify any circumstances where the delivery of care and support could be given in a better way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so

should they arise.

- There had been no safeguarding concerns since the service was registered with us. The registered manager understood their responsibilities in relation to safeguarding people. They knew they needed to make appropriate referrals to the local safeguarding team when there were concerns about people's safety or abuse was suspected.

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

- People were able to be involved with the service. The provider had regular contact with people to assure the quality of care being provided. This was done through arranged visits, spot checks and staff observations.
- Staff could engage with the service and be involved in how the service was run. Staff attended meetings and supervisions where they could provide input into how the service worked. One staff member said, "We have regular staff and individual meetings and we are encouraged to raise issues and opinions about people or the services they receive."
- One person said, "They [senior staff] often come to chat and ask if everything is OK."

Working in partnership with others

- The provider worked well with other organisations to ensure people's needs were appropriately met. This included liaison with statutory health and social care bodies.