

East Lancashire Deaf Society Limited

East Lancashire Deaf Society

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

This was an announced inspection which took place on 30 June 2016. The service was previously inspected in April 2014 when it was found to be meeting all the regulations we reviewed at that time.

At the time of our inspection this service was registered with the Care Quality Commission (CQC) as East Lancashire Deaf Society. However the registered manager informed us the service was trading as Lancashire Rose Care Services, operated by East Lancashire Deaf Society. The provider was in the process of changing the registration information held by CQC in order to ensure this accurately reflected who was responsible for the service.

The service specialises in offering support to people who use deaf sign language by providing staff with appropriate communication skills. The range of services provided includes personal care, support with community activities and daily living. At the time of this inspection there were 13 people using the service across Lancashire and Cumbria.

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission. 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.

During this inspection we found three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes were not sufficiently robust to protect people who used the service from unsuitable staff, a complete record had not been maintained of the support people required and quality assurance systems in the service were not sufficiently robust to identify this shortfall regarding care records. You can see what action we have told the provider to take at the back of the full version of the report.

When we looked at the recruitment records relating to three staff we noted all the personnel files included references and pre-employment checks. However we saw that the application form for one person contained gaps in employment which had not been explored by the registered manager at the time of interview; such checks are important to ensure people who use the service are protected from the risk of unsuitable staff. The registered manager told us they would amend their recruitment procedure with immediate effect.

We noted that there were no support plans in place on three of the care records we reviewed. The registered manager told us that they were relying on the assessment completed by the local authority to determine the support each person required, although they acknowledged that this did not give specific guidance to staff about how they should meet each individual's needs. In addition they told us there was no system of care plan audits in place which would have identified that these records had not been completed. We were told

that action would be taken to ensure support plans were put in place as a matter of urgency.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any concerns they raised would be taken seriously by the managers in the service.

We were told that staff were matched with people who used the service; this helped to ensure they had the best chance of getting on well together and being able to provide the support individuals required.

Although most people who used the service did not require support from staff to take their medicines as prescribed, we saw that arrangements were in place to ensure all staff received training in the safe handling of medicines. Spot checks were completed by the registered manager to help ensure that staff were working in line with the service's policies and procedures regarding the safe administration of medicines.

Risk assessments for physical and mental health needs as well as environmental risks helped protect the health and welfare of people who used the service. Staff were aware of the action to take to prevent the risk of cross infection should they be required to provide personal care to people who used the service.

Where necessary people who used the service received support from staff to ensure their nutritional needs were met. People told us staff would accompany them to appointments if necessary to help them communicate their needs to health professionals.

Staff told us they received the induction, training and supervision they needed to be able to deliver effective care. We noted that staff had not completed specific training in the Mental Capacity Act (MCA) 2005; this legislation helps to ensure that people are supported to make their own decisions wherever possible. Both staff and the registered manager told us all people using the service at the time of the inspection were able to make their own decisions. The registered manager was aware of the action they would need to take if this situation were to change in order to ensure people's rights were upheld.

The registered manager and staff we spoke with were caring and respectful in the way they spoke about people who used the service and the way they provided support. Staff demonstrated a commitment to providing person-centred care and supporting people to be as independent as possible.

We saw that systems were in place to involve people in reviewing the support they received. We were told that, if they considered a person's needs had changed, the registered manager would contact the relevant local authority to request a review of the commissioned care package. This helped to ensure people received the appropriate level of support for their needs.

We noted that there was a complaints procedure in place for people to use if they wanted to raise any concerns about the care and support they received. We saw that the registered manager responded immediately they were informed of minor concerns a person had shared with us during the inspection. The registered manager provided feedback to us about the action they had taken to ensure the person always received the support they wanted.

Staff supported people to attend social activities, including deaf clubs, to help prevent social isolation and maintain people's health and well-being. Social workers who had been involved in commissioning packages of care from the service told us they considered people received high quality care and support from staff.

Staff told us they enjoyed working in the service. They commented that the registered manager and other senior staff were always approachable and supportive. They also told us they felt able to use staff meetings to make suggestions as to how the service could be improved.

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 always safe.

Systems needed to be improved in order to ensure staff were safely recruited.

Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

Staff had received training in the safe handling of medicines.

Risk assessments were in place to help ensure people received safe and appropriate care.

Is the service effective?

Good 

The service was effective.

Staff received the induction, training and supervision they required to be able to deliver effective care.

Staff understood the need to support people to make their own decisions. The registered manager was aware of the action to take if they had any concerns regarding an individual's capacity to make a particular decision. This should help to protect people's rights.

Where necessary people received the support they required to help ensure their health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

The registered manager and staff we spoke with were caring and respectful in the way they spoke about people who used the service and the way they provided support.

Staff demonstrated a commitment to providing person-centred care and supporting people to be as independent as possible.

Is the service responsive?

Good 

The service was responsive.

Systems were in place to involve people in reviewing the support they received.

There was a complaints procedure in place to enable people to raise any concerns. We saw that the registered manager took appropriate action to respond to any concerns raised by people who used the service.

Staff supported people to attend social activities to promote their health and well-being.

Is the service well-led?

The service was not always well-led.

The registered manager had not ensured that a complete record was maintained of the support people who used the service required. The quality assurance systems in the service had not been sufficiently robust to identify this shortfall in care records.

Staff told us they enjoyed working for the service and felt well supported by the registered manager and other senior staff. They told us any suggestions they made for improving the service were always listened to.

Professionals who commissioned the service told us the leadership demonstrated by the registered manager was very good.

Requires Improvement ●

East Lancashire Deaf Society

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.

This inspection took place on 30 June 2016 and was announced. In accordance with our guidance we gave the provider 48 hours' notice that we were undertaking this inspection; this was to ensure that the registered manager and staff were available to answer our questions during the inspection. This announced inspection was carried out by one adult social care inspector supported by a British Sign Language interpreter.

Before this inspection we reviewed the completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also contacted the local authority contract monitoring and safeguarding teams, the local Healthwatch and two local authority social workers who had commissioned the agency to provide care to people in order to gather their views about the service; no concerns were raised with us.

During the inspection we visited the registered office and spoke with three people who used the service. We also spoke with the registered manager, the team leader, three support workers and a social worker who had supported a person who used the service to attend the registered office.

We looked at the care records for four people who used the service and the medication administration record (MAR) charts for one of these people. We also looked at a range of records relating to how the service was managed; these included staff recruitment and training records, quality assurance processes and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they had no concerns about their safety when support workers visited them.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. All the staff we spoke with had received safeguarding training and were able to tell us of the correct action to take should they have any concerns regarding a person who used the service. Staff also told us they were aware of the whistleblowing (reporting poor practice) policy in place and would not hesitate to raise any concerns with the registered manager.

Records we reviewed showed that the registered manager completed an annual safeguarding report which was shared with the provider and other senior staff in the service. We noted that the report completed for 2015-2016 recorded that no safeguarding concerns had been raised about the service.

Care records we reviewed contained information about risks a person might experience; these included non-compliance with prescribed medicines, misuse of drugs or alcohol and use of public transport. We noted that any environmental risks within people's own homes were also highlighted.

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for three staff employed to work in the service. We noted that all of these files contained an application form, a criminal records check called a Disclosure and Barring service check (DBS) as well as employment or character references. One application form we looked at showed there were gaps in a person's employment history. We discussed this with the staff member concerned who was able to explain the reasons for the gaps. However, the registered manager told us they had not discussed the applicant's employment history at interview as they were focused on ensuring the person had the necessary skills and temperament for the support worker role. They had also not maintained a record of the interview. The registered manager told us they would ensure the recruitment process was amended with immediate effect to ensure people who used the service were protected from the risks of unsuitable staff.

The registered manager told us that people who used the service were introduced to staff before they started to provide any support to them. The registered manager told us they would always take into account people's interests and preferences before they allocated any staff to support them in order to ensure they had the best chance of getting along well together. Two of the three people we spoke with who used the service were extremely positive about the staff who supported them. One person expressed some level of dissatisfaction with the staff member who was allocated to work with them. When we discussed this with the registered manager they told us the person's medical condition sometimes caused them to be suspicious about support workers. They told us they would ensure they visited the person within the next few days in order to ensure there were no concerns about the support they were receiving. Following the inspection we received feedback from the registered manager about the action they had taken to ensure the person always received the support they wanted.

We saw on the records we reviewed that each person had a consistent team of staff supporting them. We were told that if one staff member was absent, for example they were going on holiday, then if necessary other staff members would be introduced to the person in advance in order to ensure they were fully aware of the support the person required. The registered manager told us that, in the case of unplanned absences of staff, both they and the team leader would step in to provide the support people needed in order to ensure consistency of care.

We looked at how people were supported with the management and administration of their medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. Records we reviewed showed that all staff had received training in the safe handling of medicines. An assessment had also been completed of each staff member's ability to safely administer medicines.

We were told that most people who used the service did not require staff to administer their medicines. We looked at the medication administration record (MAR) chart for one person for whom staff had this responsibility. We noted that this MAR chart was fully completed to confirm that the person had received their medicines as prescribed. When we spoke with this person they told us, "They [staff] come every morning at 8am and give me my medication." Another person commented, "They [staff] make sure I have taken my medicines."

The registered manager told us they did not complete formal medication audits due to the small numbers of people for whom staff had the responsibility of administering medicines. However they told us they regularly checked MAR charts when they visited people at home to ensure they had been fully completed. They told us these checks had not revealed any errors or missing signatures on any of the records they had reviewed.

Staff told us they did not deliver personal care to people they supported. However they were aware of the measures to take to prevent the risk of cross infection should this situation change. There was an infection control policy in place to provide staff with guidance and information about how to manage the risks of cross infection when supporting people, including effective hand washing and food hygiene procedures.

We noted there was a business continuity plan in place for the service. This provided information about the action staff should take in the event of a disruptive incident occurring; this included how staff and people who used the service would be informed and how the incident would be managed. We saw that the business continuity plan had been tested in December 2015 to ensure it was fully effective.

Is the service effective?

Our findings

People who used the service told us that they were supported by staff who appeared to have the knowledge and skills to carry out their roles effectively. They told us they considered staff knew them well and fully understood their needs. Comments people made to us included, "[Name of support worker] is really good. They sign really well and help me with everything" and "I have three different support workers. They are really good and try to help me as much as they can."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to a DoLS.

Staff we spoke with told us they had not completed specific training in the MCA, although they told us all the people they supported were able to make their own decisions. This was confirmed by the registered manager who demonstrated their understanding of the action they would need to take should they have concerns regarding an individual's capacity to make a particular decision.

The registered manager told us that they had prioritised ensuring all staff completed the Care Certificate before additional training was provided. The care certificate is a set of standards that social care and health workers must use in their daily working life. It is the new minimum standards that should be covered as part of the induction training of new care workers. The registered manager advised us that they had recently sourced a training provider who was able to deliver training to staff who used British Sign Language as their means of communication. They told us this training would include MCA and also first aid which some staff had requested be provided.

We saw that there was a central register maintained of all the training staff had attended; this showed that, in addition to the Care Certificate, staff had completed training in safeguarding adults, medication awareness, health and safety, risk assessment and recording/paperwork.

Staff we spoke with had been recently recruited. They told us they had completed an induction when they commenced employment at this service; this included reading policies and procedures, completing required training and shadowing more experienced staff. All the staff we spoke with told us they felt confident to carry out their role at the end of the induction period.

All the staff we spoke with told us they received regular supervision from the registered manager; records we reviewed confirmed this to be the case. Staff told us they found the supervision process to be helpful in

ensuring they were delivering effective support to people who used the service. One staff member commented, "I have a 1-1 session with the manager every month. They always ask me about my role and where I am going with people."

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff we spoke with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone. One staff member told us how they supported a person to cook meals using fresh ingredients rather than relying on pre-prepared meals.

People who used the service told us, when necessary, staff would support them to attend health appointments. One person told us, "Staff always attend the doctors with me." People told us they valued the support staff offered to them when communicating with health and social care professionals.

Is the service caring?

Our findings

Staff we spoke with demonstrated a commitment to providing high quality, person-centred care to people who used the service. They told us they worked hard to develop meaningful relationships with the people they supported, based on mutual respect.

People we spoke with provided positive feedback about staff. Comments people made included, "Staff are really nice and helpful" and "I think they [staff] are perfect." Records we reviewed showed staff had received information about providing person centred care and respecting people's dignity and privacy.

The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes and about what support they required. Staff were also able to tell us about people's interests and hobbies and things that were important to them.

Staff told us their aim was to promote people's independence as much as possible. One staff member commented, "I always encourage [name of person using the service] to do things for themselves, including speaking to people in cafes and on public transport. I try to encourage independence for future life."

All the staff demonstrated respect for the fact that they were supporting people in their own homes. This meant people who used the service were central to any decisions made. One staff member commented, "[Name of person using the service] tells us what they want. It's not my decision."

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office to maintain people's confidentiality.

Is the service responsive?

Our findings

Care records we reviewed contained an assessment completed by the local authority to determine the support needs of each individual who used the service. The registered manager told us this assessment process helped to ensure the service was able to meet people's needs.

We spoke with a social worker who had commissioned the service to work with a person. They told us they were extremely satisfied with the support the person received from the service and that this had made a positive impact on the person's quality of life. They commented, "Support workers are always consistent. [Name of person using the service] is in a service where staff understand him and his needs. I can't speak highly enough of them."

We found staff completed a daily communication log as well as a monthly report which recorded the support they had provided to the person. This report included what had been achieved by the person and their goals for future support. The registered manager told us these reports were reviewed when they were returned to the office to help ensure staff were always providing the support each individual required.

Staff we spoke with told us they communicated well as a staff team. They told us they always referred to the timetable in each person's home to ensure they were providing the support the individual required.

The registered manager told us a review was always undertaken every six months with the person receiving support. Where appropriate the social worker responsible for commissioning the care package was also involved in review meetings; this was confirmed by our review of care records. The registered manager told us that if they were concerned that a person's needs had changed they would always contact the local authority responsible for commissioning the care package to request a review. This should help ensure that people received the appropriate level of support for their needs.

Records we reviewed showed that, where appropriate, staff supported people to attend local services for deaf people in order to reduce social isolation and help to promote people's health and well-being.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. The registered manager told us they intended to review the information provided to people who used the service about the complaints process in order to make it more user friendly for people whose first language was British Sign Language. We saw that where complaints had been made, these had been fully investigated and, where necessary, action taken to resolve matters.

People we spoke with who used the service told us they would have no hesitation in contacting their support worker or the registered manager should they have any concerns about the support they received. One person commented, "I know how to complain but I don't need to."

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC.

During the inspection we noted that there were no support plans in place on three of the care records we reviewed. The registered manager told us that they were relying on the assessment completed by the local authority to determine the support each person required, although they acknowledged that this did not give specific guidance to staff about how they should meet each individual's needs. The registered manager told us they had delegated the responsibility for ensuring support plans were in place to the team leader. They told us there was no system of care plan audits in place which would have identified that these records had not been completed. We were told that action would be taken to ensure support plans were put in place as a matter of urgency.

The lack of an accurate and complete record of each person's needs was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The lack of robust quality assurance audits was a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager about the key achievements of the service since the last inspection. They told us the service had expanded due to professionals' increasing awareness of the specialist care and support they were able to provide to deaf people. They told us that, as a result of this expansion in the service, they had successfully recruited a team of staff with the skills and abilities to provide the support people required.

The registered manager told us that the key challenge for the service over the next 12 months was to continue to recruit staff who had the required skills in British Sign Language in order to ensure people received support which met their specific cultural and communication needs.

People who used the service were given documentation including a Statement of Purpose which explained the service's aims, objectives and structure as well information about the support staff were able to provide. These documents gave people sufficient information to know what they could expect when they used the service.

Prior to the inspection we asked for feedback from social workers who had commissioned the service to work with individuals. One social worker commented, "I previously worked with the service over a period of about 18 months while they offered support to two service users. The family situation of these service users was very complex and I found that the registered manager was both very sensitive to the family dynamics and highly committed to supporting the service users and their families in sometimes difficult conditions. The support worker was also very committed and was able to form a good working relationship with a service user who had previously found it very difficult to engage with services."

The social worker we spoke with during the inspection was highly complimentary about the way the service was led. They told us communication with all staff was very good and they would have no hesitation in recommending the service to other people.

All the staff we spoke with told us they enjoyed working in the service and found managers to be approachable and supportive. Records we reviewed showed staff meetings took place each month. Staff told us they were able to express their opinions in these meetings and were always listened to. One staff member commented, "We have staff meetings each month. We talk about what things to improve for the future; it's always very positive." Another staff member told us, "During staff meetings we are asked for suggestions about how we can improve the service; they always want us to be the best we can be."

We asked the registered manager about systems in place to monitor the quality of the service provided. They told us that in addition to regular spot checks completed to check that staff were meeting required standards, they carried out regular satisfaction surveys with people who used the service. We looked at the responses to the most recent survey conducted in March 2016 and noted these were all positive. We saw people had commented that staff were friendly and professional. One person had stated that the service they received had helped to improve their quality of life.

The registered manager told us they were in the process of completing Level 5 of a nationally recognised qualification in health and social care. They told us this had helped them to identify where they needed to make improvements in the service such as making the complaints procedure more user friendly. They told us they were committed to listening to the views of people who used the service in order to continue to drive forward improvements.

Before our inspection we checked the records we held about the service and noted that the provider had not submitted any notifications to CQC over the previous 12 months. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. Our discussions with the registered manager showed they were aware of the requirement to notify CQC of particular events and they confirmed that no such events had arisen during the previous 12 months.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken appropriate action to ensure a complete and accurate record was maintained of the support people required. Quality assurance system in the service were not sufficiently robust to identify the shortfall we identified regarding a lack of support plans for people who used the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured recruitment processes were sufficiently robust to protect people who used the service from the risk of unsuitable staff.</p>