

## Communication Independence Limited

# Communication Independence

### 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection was undertaken on 12 May 2015 and was the first inspection of this service.

Communication Independence is a specialist domiciliary care agency registered to provide personal care. The service supports people who are Deaf, deafblind and/or visually impaired and who may also have other support needs, such as physical disabilities, learning difficulties and/or needs relating to their mental health.

Staff support people using a range of different communication methods. These include: British Sign Language (BSL), sign supported English (a form of sign language which uses the same signs as BSL in the same order as spoke English and is often used to support spoken English), Makaton (a communication system

# Summary of findings

which uses signs and symbols often used to support the communication needs of people with learning difficulties) and deafblind manual (a method of spelling out words onto a deafblind person's hand).

Communication Independence registered with the Care Quality Commission in March 2014 and began to provide personal care to people in October 2014. The service were supporting two people at the time of our inspection.

There was a registered manager and nominated individual in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A nominated individual is the person responsible for supervising the management of the service. The registered manager and nominated individual were equal partners in the service. The nominated individual was present throughout our visit to the service's office base.

Communication Independence were committed to ensuring that people were safe and protected from harm. Support workers, the nominated individual and the registered manager were knowledgeable about safeguarding and ensured that people were aware of the differing ways they could alert key agencies should they have concerns about their safety.

There were enough support workers to meet people's needs and an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications. Support workers received regular supervision and were provided with a range of training to help them maintain and develop their knowledge.

Our conversations with the registered manager, nominated individual and two support workers demonstrated that they were knowledgeable about the Mental Capacity Act (2005) and the Deprivation of Liberty

Safeguards (DoLS) and when and where they would seek further advice in relation to both frameworks. The MCA promotes and safeguards decision-making. The DoLS are part of the MCA and aim to ensure that people are supported in a way which does not inappropriately restrict their freedom.

When needed, support workers assisted people to attend healthcare appointments and liaised with GPs and other health and social care professionals. Appointments were recorded and people's support plans were updated with any changes arising from these visits.

We observed staff and the nominated individual interacting with people in a caring, understanding and professional manner. Our conversation with the person visited as part of our inspection, together with our conversations with support workers demonstrated that the service had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

Communication Independence were committed to ensuring that people with sensory impairments received information in appropriate formats and were able to access equipment, independent interpreters and advocates in order to ensure that information was appropriately presented and explained.

The person visited during our inspection told us that they were involved in the writing of their support plan and were provided with opportunities to express their views about the service. Support plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests.

Support workers were positive about the registered manager and nominated individual and the way in which they led the service. They told us that both individuals were supportive and listened to suggestions and ideas about how to improve the service. A range of audits were in place and were being developed to monitor the quality of the service.

# Summary of findings

## 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.

Support workers, the nominated individual and registered manager knew how to identify and report abuse and also any unsafe care they observed in order to ensure people's safety.

Support workers were knowledgeable about the prevention and control of infection and told us that the provider ensured that protective aprons and gloves were always in stock.

There were enough qualified, skilled and experienced staff to meet people's needs and keep them safe. An effective recruitment process was in place. This included checks to make sure support workers were safe to work with people who may be vulnerable. Individual risks, incidents and accidents were assessed and analysed.

Good



### Is the service effective?

The service was effective.

Regular supervision and training were provided to support staff to fulfil their roles and responsibilities.

Staff had the skills and knowledge to meet the needs of the people they supported; for example, all staff had obtained British Sign Language qualifications. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required. They were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

We saw that the nominated individual and staff were kind and caring in their interactions with people.

People's privacy and dignity were respected and staff were knowledgeable about people's individual needs and preferences.

People were involved in making decisions about their care and the support they received. The service were committed to ensuring that people could access equipment as well as receive support from independent interpreters and advocacy services in order to ensure they information was appropriately presented and explained to them.

Outstanding



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People were actively involved in the planning and reviewing their care. Support plans reflected people's individual needs and preferences and were amended in response to any changes in need.

The service supported people to access, maintain and develop links within the community. This reduced the risk of people becoming socially isolated.

A complaints process was in place. The person spoken with during our inspection told us that they felt able to raise any issues or concerns.

## Is the service well-led?

The service was well-led.

The registered manager and nominated individual provided opportunities for people, relatives, staff and social and health care professionals to provide feedback and influence the service.

There was a registered manager in post. Staff were positive about the registered manager and nominated individual and the way in which they led the service.

A quality assurance system was in place and was being built upon in order to ensure that the quality of the service was continually assessed and monitored. Where improvements were needed, these were addressed in order to ensure continuous improvement.

**Good**



# Communication Independence

## 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 12 May 2015 and was announced. The inspection was announced 48 hours prior to our visit. This is in line with our current methodology for inspecting domiciliary care agencies and enables services to ensure that staff are available to speak with us. The inspection was undertaken by an adult social care inspector.

Before the inspection we requested the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they

plan to make. We also contacted a social worker who had recent involvement with the service in order to obtain their views about the support provided by Communication Independence.

Prior to our inspection visit we reviewed the PIR together with other information about the service in the form of notifications sent to the Care Quality Commission.

During our inspection we visited one person in order to gain their views about the service. This person was deaf and agreed for their support worker to facilitate communication. We spoke with two members of care staff in order to ask them about their experience of working for Communication Independence. We also spoke with the registered manager and the nominated individual.

We reviewed a range of records during our inspection visit; these included the care plans of the two people supported by the service as well as a number of records relating to the running of the service. These included policies and procedures, three staff files, staff training records and quality assurance documents.

# Is the service safe?

## Our findings

The person we visited told us that they felt safe when being supported by Communication Independence. They also told us about the ways in which the service had ensured their safety by arranging the installation of a keypad lock and a visual fire alarm and doorbell to their property.

We spoke with two support workers about how they safeguarded people. Each support worker was able to tell us about different types of abuse and the possible indicators of these. They told us that they would report any concerns to the registered manager or nominated individual and were confident that they would take action and appropriately report any concerns. Support workers told us that they had received safeguarding training; our review of staff training records confirmed this.

Our conversation with the nominated individual provided evidence of the services commitment to ensuring the safety of people they supported. People's support plans contained information about the support they needed to ensure their safety. The nominated individual also said they made sure they informed people about the mobile phone text and type talk number for the police. They also said that they ensured that people were aware of other features on their mobile phones, such as 'FaceTime,' which enables people to make video calls to sign and inform others should they have any concerns about their safety.

The support workers spoken with on the day of our inspection told us that they did not usually support people to manage their finances. If needed, for example, when people were ill, they told us that a system was in place to safeguard people's finances. This involved documenting monies taken and returned, providing receipts and ensuring that they and the person they were supporting signed for each financial transaction.

Information reviewed prior to, and during, our inspection visit showed us that Communication Independence had reported concerns and followed local procedures in order to safeguard people. The registered manager had appropriately reported safeguarding concerns to us, as required by law and to the local authority.

We looked at how the service managed risk. Our review of records and our conversation with the nominated individual provided evidence that an effective system was in place to record, analyse and identify ways of reducing

risk. We noted that the registered manager had reported any incidents or accidents to relevant bodies. The support workers we spoke with were clear about the accident and incident reporting process in place.

Our review of care plans showed us that risk assessments were completed as part of the provider's assessment process. The risk assessments related to identified areas of risk and documented the measures and action needed to reduce risk. We saw and heard examples of when risk assessments were updated or created following accidents or when a person's needs changed.

The person we visited told us that support workers wore gloves and also washed their hands prior to and after supporting them to minimise the spread of infection. Each member of staff was to describe good hand hygiene and the importance of this, as well as how they reduced the spread of infection. They told us that the provider ensured that supplies of personal protective equipment (PPE) were always in stock. PPE refers to items such as gloves and aprons which are used to control the spread of infection.

At the time of our inspection Communication Independence were not supporting people with their medication. A medication policy and procedure was in place should this type of support be required in the future. The registered manager told us that they would ensure that staff received medication training in advance of providing this type of support.

Our conversation with the person supported by Communication Independence, together with our conversations with staff and our check of the staffing rota showed that there were sufficient staff to meet the number of people supported by the service. The registered manager told us that, whilst rotas were planned a month in advance, there was also a degree of flexibility to enable them to meet any changes in need or specific requests from people.

The two staff we spoke with were committed to meeting people's needs and said that the staff team worked and communicated well with each other in order to ensure that people received the support they needed. They said they were encouraged to contact either the registered manager or the nominated individual within and outside of office hours should they have any concerns. One member of staff commented that either the registered manager or nominated individual were, "Always on call if you need any

## Is the service safe?

help, need to chat through something or need any information. They always respond.” The registered manager and nominated individual said that they would provide support in the event of any staffing shortfalls.

We looked at the recruitment records for three members of staff. These, together with our conversations with staff and the nominated individual provided evidence that an effective process was in place to ensure that employees were of good character and held the necessary checks and

qualifications to work for the service. For example, our review of records evidenced that each member of staff had provided proof of their identify as well as references from previous employers to assure the service that they were of good character. Each file included evidence that a Disclosure and Barring Service (DBS) check had been undertaken before staff began to work for the service. DBS checks help employers make safer recruitment decisions.

# Is the service effective?

## Our findings

The person spoken with on the day of our inspection said that they were, “Happy” with the support provided by Communication Independence. They told us that their support workers were always on time and said that they often stayed, “Longer,” than the period of time allocated for their support.

The Mental Capacity Act (2005), (MCA), promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. The Act applies to decisions relating to medical treatment, accommodation and day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people’s best interests. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom

Support workers were aware of, and had received training about the MCA and DoLS and were able to explain each of these key frameworks and identify when they would seek further support. The nominated individual and the registered manager also demonstrated a clear understanding of both frameworks and were able to identify situations where capacity assessments and best interest’s decisions may be needed. At the time of our inspection no one using the service was deprived of their liberty.

The support workers spoken with during our inspection were knowledgeable about people’s health care needs and said that, when needed, they arranged healthcare appointments, booked transport and recorded the outcome of any healthcare appointments. People’s care records included the contact details of their GP and other health and social care professionals. Our conversations with staff and our review of records evidenced that the service liaised with these professionals following any changes to people’s health or social care needs. We saw that any changes were recorded in people’s support plans.

People’s support plans included information about their food and drink preferences. People were supported to

prepare and access food and drink of their choice if needed. Support workers said they encouraged healthy eating. For example, one support worker told us that they promoted and informed people about the benefits of healthy food choices when supporting them with food shopping and meal preparation. Both support workers spoken with on the day of our inspection had received food safety training.

Both support workers told us that they received a comprehensive induction prior to working alone. They told us that this had included time at the provider’s office base to learn about the ethos of the service and how it operated. This was followed by a period of time shadowing established members of staff in order to get to know the needs of the people they would be supporting. Both support workers felt that the induction had prepared them for their role and were positive about the support they had received from the nominated individual and their colleagues.

We spoke with the support workers about supervision. Supervision sessions ensure that staff receive regular support and guidance. Each support worker said they received regular supervision. They spoke positively about their supervisions and said they felt supported by the registered manager and nominated individual. Appraisals enable staff to discuss any personal and professional development needs. The registered manager told us that an annual appraisal process was in place but had yet to be implemented as the service had only begun to support people with their personal care needs within the past year.

We reviewed three staff files and found that staff members had provided certificates to evidence that their skills to support people who used the service. For example, support workers told us and our review of records confirmed that they had obtained qualifications in sign language as well as further health and social care qualifications. We also saw that Communication Independence provided a range of mandatory and other training courses, including additional further training to ensure that their staff had the knowledge and skills required to meet the needs of the people they supported. Training courses undertaken included food safety, effective communication, worker safety, dementia awareness and moving and handling.

The nominated individual told us that new employees would be supported to complete The Care Certificate. This is a newly introduced set of identified standards to ensure



## Is the service effective?

that staff working in the health and social care sector have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.



# Is the service caring?

## Our findings

The person visited during our inspection stated, “The staff care. I’m happy with them.” The social worker we spoke with also told us that they had found the nominated individual and staff from the service to be caring.

Support workers spoke in a fond and caring way about the people they supported and told us that they enjoyed working for Communication Independence. One support worker commented, “I love my job. I enjoy helping people.” The other support worker commented, “This is the best firm I’ve worked for. It’s a privilege to spend time supporting our clients. You really get time to build trust and rapport with people.”

During our inspection we observed the nominated individual receiving a video call from a group of people supported by Communication Independence. They were calling from a trip to large local shopping centre. The nominated individual clearly knew each person taking part in the call and, using sign language, we observed them asking people if they had visited their favourite eating places and shops during their visit. This observation, together with the way in which the nominated individual and support worker signed for the person visited as part of our inspection, evidenced the caring nature of the service. Our observations also demonstrated that the staff knew people well and the things which mattered to them.

We found that Communication Independence supported and encouraged people’s independence. The person visited as part of our inspection was proud of the way the service had promoted their independence and told us about specific skills they had developed as a result of the support they had received. For example, they told us that they had been supported to develop their cooking skills by, “Watching what they [support workers] do and then doing it myself.” Both support workers were positive about the way in which the service promoted people’s independence. One support worker stated, “We’re really good at helping people to become more independent. It’s nice to be able to see the changes and improved self-esteem this brings to people’s lives.” The social worker spoken with as part of our inspection told us that a person they had referred to the provider was, “More independent,” as a result of the support they had received from the service.

The person visited during our inspection said that they had been involved in writing their support plan and had signed it in order to confirm that the information within it reflected them and their needs. They also told us that they had taken part in reviews of their plan and were appreciative of the way in which their support workers had assisted them to prepare for these and other meetings by spending time with them in advance of the meeting and supporting them to think and list the things they wanted to talk about. This demonstrated that Communication Independence supported and enabled people to fully contribute in the planning of their care.

During our inspection we found that the service were dedicated to ensuring that people had the correct support and information to make informed decisions. For example, one support worker told us that if people were unaware of the different places to visit, they would list the possible choices available but reiterate that the final decision was up to the person by stating, “You’re my boss, it’s your decision.” People’s support plans also detailed the situations in which they may need additional support from independent interpreters to enable them to make informed decisions.

Both support workers were committed to ensuring people had access to advocates and independent interpreters in order to ensure people were fully involved, informed and supported to make decisions, express their views and promote their rights. They were clear about the situations which would warrant this, for example, hospital visits and multi-disciplinary meetings. Each support worker was respectful of the role of independent interpreters and advocates but told us that, as a result of knowing people’s communication styles, they would intervene if needed in order to ensure that people understood the information which had been presented to them. For example, one support worker stated, “I asked one interpreter to slow-down as I knew they were signing too quickly for [the person].” The other support worker provided a similar example and stated, “It’s not always easy to interrupt in a big meeting but sometimes we have to make sure people understand and are understood.” The registered manager was similarly committed and knowledgeable about the differing advocacy organisations and sources of independent interpreters within the geographic areas they provided support.



## Is the service caring?

A statement from a health and social care assessor seen within the training file of one support worker appropriately summed up our own findings about the services caring nature and approach to advocacy. It stated that, “[The support worker] is an excellent, caring person fully committed to the well-being of the service users [they] work with. They are totally person centred and are a strong advocate for service user’s rights.”

The registered manager showed us the resource room within their premises. This contained a number of aids and adaptations, such as large-digit telephones and bright reading lights to promote, inform and support the communication needs of people with sensory impairments. For example, they said that the braille type-writer could be accessed by people who used the service, as well as used by the service to provide information in an appropriate format to people who were blind.

The person we spoke with during our inspection said their support workers respected their dignity and privacy when

supporting them with personal care tasks. This was further evidenced during our conversations with both support workers, each of whom was able to explain how they maintained people’s dignity, privacy and respected people’s individual choices. For example, when supporting people with personal care tasks, one support worker stated, “I make sure people feel comfortable and ask them how they like to be supported, they need to be in control. I respect the fact that I’m working in people’s own homes so make sure doors and curtains are closed.”

We saw that people’s support plans included information about any religious needs and found that staff were knowledgeable and respectful of the differing cultural and religious needs of people who may access the service. For example, as a result of researching resources for other people who used the service, they were aware of the only mosque in the region where services were signed. Our review of staff training records showed us that each member of staff had undertaken equality and diversity training.

# Is the service responsive?

## Our findings

The person spoken with during our inspection provided examples of how Communication Independence had taken on board feedback and organised and provided support to meet their needs. For example, they told us that the service had been accommodating in providing support outside of their usual hours to enable them to maintain and develop their social circle.

The social worker spoken with as part of our inspection also provided positive feedback about the responsiveness of the service. They told us that the nominated individual had, "Implemented everything they were asked to do." They felt that that the nominated individual was knowledgeable about the needs of people they supported and told us that they maintained contact with them in order to provide feedback or seek advice when needed.

We spoke with the registered manager about a person's journey from the point of referral to support being provided. They told us that an enquiry sheet with basic information was completed when people were referred to the service. Following this, the registered manager or nominated individual then arranged an appointment with the person in order to undertake an initial assessment and to gain further information about the person and their needs. If the person wished to receive support from the service then a more detailed support plan was completed together with the person.

Support workers told us that they were always provided with a copy of people's support plans prior to visiting them for the first time and said they were always introduced to people by the nominated individual in advance of providing support. They also told us that any changes in people's needs were reported to the nominated individual and provided examples of situations where people's care plans had been updated to reflect their changes needs. One support worker described the support plans as, "live documents," and qualified this by saying that people's support plans were further developed and updated as staff got to know more about the person and how to meet their needs. They also told us that they completed a daily record detailing the support they had provided and any tasks which needed to be followed up.

We found that people's support plans were person centred. The content of each plan was different and clearly reflected people's individual needs and preferences. It was evident that people had been involved in the writing of their plans, this was demonstrated by information about the way people liked their support to be delivered as well as their hobbies and interests. The registered manager told us that gathering this information supported them to match staff with similar interests to the needs of the people they supported.

People's support plans also contained information about the skills and outcomes they wished to develop. During our inspection we saw and heard evidence of how Communication Independence had supported people to achieve these outcomes. For example, the social worker spoken with during our inspection described the service as being, "proactive," in seeking community based activities and opportunities for a person who had previously been socially isolated.

We saw that Communication Independence had conducted a satisfaction survey to ask people and their relatives about the support provided. We reviewed the results of these and found them to be positive.

The person spoken with during our inspection told us that they felt able to raise any concerns with their support workers and the nominated individual. Evidence of this and the provider's responsive approach to an issue raised was demonstrated during our inspection.

The two support workers spoken with during our inspection were aware of the provider's complaints policy and told us that they would support people to complete them if needed and appropriate to do so. They also said that they would inform a member of the management team so that any complaints could be dealt with in a timely way. The service had received one complaint which had later been retracted by the complainant. We saw that the provider had responded to this in line with their complaints procedure

# Is the service well-led?

## Our findings

The two support workers spoken with during our inspection were positive about the nominated individual and registered manager and the way in which they led the service. Both support workers said that they felt supported by the registered manager and nominated individual. One support worker commented that both individuals were, “Hands-on and really approachable. You can tell that they are concerned about our clients and us.”

Each support workers told us that they felt valued by the management team. One support worker commented, “We always get a thank-you and praised for how we’ve dealt with a situation.” The other support worker provided evidence about the leadership within the service and how this promoted and supported their learning. They stated, “We’ve got good management. We get lots of information and advice from them. This has helped me think about my approach. I’m learning lots.”

We saw that there was a system in place to continually audit the quality of care provided. For example we saw that the registered manager had completed audits of care plans, staffing levels, employee absenteeism and staff training. Each audit document reviewed recorded the actions required to address any identified shortfalls. We saw that these actions were fed into the next audit and checked in order to ensure that they had been completed.

The quality assurance system in place had been purchased from an external organisation and, after using sections of it the registered manager and nominated individual told us that they were in the process of personalising it to meet the needs of the service. For example, whilst the pre-prepared quality surveys had been designed to reflect our five key questions, the registered manager told us that some of the questions asked were not relevant to their service and said they planned to devise a survey to better reflect the needs of the people they supported.

Our review of the completed survey forms confirmed the views of the nominated individual and registered manager. Nevertheless, the results of the surveys were positive and

had captured some information from health and social care professionals and staff to enable the service to receive feedback and review the care and support they provided. For example, comments from a care manager stated that Communication Independence were, “A very well led and person centred care agency which always put their client’s needs first.”

Given the number of people supported by the service at the time of our inspection, the registered manager and nominated individual had a detailed knowledge of people’s needs and were in close contact with the people they supported. A business plan was in place to promote and develop the service. The management team were aware of the need to develop formal tools such as ‘spot checks’ to enable them to monitor the quality of the service as, and when the number of people they supported increased.

Support workers told us and our review of records confirmed that meetings took place to discuss, consult and update staff about the service. They also said that they were able to raise issues within these meetings and felt that that their views, suggestions and contributions were listened to. For example, one support worker told us that the nominated individual had implemented a suggestion they had made and commented that the management team were, “Happy to listen to and take our suggestions on board.”

During our inspection the registered manager told us about a number of ways in which they had and were continuing to establish and develop links with other organisations which supported people with sensory impairments. The examples provided covered a number of different areas and included specific organisations supporting people with sensory impairments, education providers and advocacy organisations. The nominated individual told us that, together with other organisations they had also worked with and supported the police to develop their knowledge and links with the deaf community. This information demonstrated that Communication Independence were keen to work in partnership with other agencies and organisations in order to promote and develop knowledge about the needs of people with sensory impairments.