Cumbria Deaf Association

# Cumbria-DeafVision

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This announced comprehensive inspection took place on 4&11 January 2017. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we needed to ensure there were people in the office to assist with our inspection.

Cumbria-DeafVision is the working name for Cumbria Deaf Association which is a registered charity. It is registered with the Care Quality Commission to provide a domiciliary care service to people with a sensory impairment. The support workers assist service users with all aspects of their daily life, including shopping, work placements and social and leisure activities. The office is situated near the centre of Carlisle. At the time of our inspection there were two people who were in receipt of personal care from the agency.

There was a registered manager in post at the time of our inspection. 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.

We found that the registered manager worked part time hours with the Chief Executive Officer covering for her non-working hours. We recommended that this be addressed as soon as possible.

We found that the service was safe and members of the staff team were aware of their role and responsibility to keep people safe. There were sufficient staff to provide the appropriate level of care and support.

The provider had robust recruitment policies and procedures which ensured only suitable people were employed to care for vulnerable people, some having complex needs. Staff training was up to date and the staff were able to support people with more complex needs. All staff had been trained in the use of British Sign Language (BSL) so they were able to communicate effectively with the people they supported. Support staff received regular supervision and appraisal that ensured good work practices were maintained.

People received the support they required to eat and drink and to maintain their health. Health care needs were met by external health care professionals such as district nurses, consultants and GP practices.

People were included in all decisions about their care and their rights were respected. The service followed the requirements of the Mental capacity Act 2005 Code of practice. This helped to protect the rights of people who may not be able to make important decisions for themselves.

Staff treated people with kindness and consideration ensuring their privacy and dignity were respected. Staff had formed close relationships with the people they supported.

The use of an advocacy service was available if this was required. People were involved in the care planning process and gave their consent to the care and support provided. People were encouraged to take part in

activities in the local community. The registered provider had a procedure for receiving and handling complaints about the service. This was an informal quality monitoring system in place through regular reviews of the service provided.

## 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.

There were sufficient staff to provide support to people.

Robust systems were used when new staff were recruited. People could be confident that the staff that visited their homes or supported them in the community were suitable to work for a care service.

Care staff were aware of their responsibility to protect people from harm.

Medicine were handled safely.

### Is the service effective?

Good

The Service was effective.

People were included in all decisions about their care and their rights were respected.

All staff completed training before working on their own in people's homes.

Support staff received regular supervision and appraisal that ensured good work practices were maintained.

People received the support they required to eat and drink and to maintain their health.

### Is the service caring?

Good

The service was caring.

Staff knew the people they supported very well and were able to support people who had complex needs.

Staff were given time to build relationships with the people they supported.

An advocacy service was available if this became necessary.

## Is the service responsive?

Good

The service was responsive.

People were included in planning and agreeing to the care they received.

Care plans were based on assessments that were regularly updated so that people's changing needs could be met.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

## Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

There was an informal quality assurance procedure in place which monitored the quality of care provision and identified any shortfalls.

# Cumbria-DeafVision

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 4 and 11 January 2017. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes.

The inspection was carried out by one adult social care inspector and assistance from a British Sign Language interpreter.

Cumbria-DeafVision is the working name for Cumbria Deaf Association which is a registered charity. It is registered with the Care Quality Commission to provide a domiciliary care service to people with a sensory impairment. The support workers assist service users with all aspects of their daily life, including shopping, work placements and social and leisure activities. The office is situated near the centre of Carlisle.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We checked our records and found that a Provider Information Return (PIR) had been sent to the registered manager for completion. This was returned within the timescale requested. The PIR 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.

At the time of our inspection there were two people who received personal care from this service and we visited both in their own homes to discuss the care and support they received. We spoke to two social workers who worked at the agency, three support staff, the general manager, the Chief Executive Officer, who is the responsible individual, and the registered manager.

We also spoke with a family member to ask for their comments about the service provided by this agency.

We looked at two care/support plans and the personnel files of three support workers one of whom had recently started to work at the agency.

We discussed staff training and the system in place to monitor the quality of the service provided to people.

Good

# Is the service safe?

## Our findings

When we spoke to the two people who received personal care through an interpreter, we received positive comments about the agency and the staff. We were told, "I have no worries at all about my safety or with the girls". We saw that both of the people we spoke to were relaxed in the company of the staff who supported them.

The care records we looked at showed that risks to people's safety had been identified and actions taken to manage any hazards. We saw that the risk assessments were reviewed as the support people needed changed. We saw these included the person's mobility, moving and handling, health and safety and the use of any equipment that was needed. Before any support commenced a full risk assessment of the person's environment was completed to ensure there were no hazards that could be a danger to people or the support staff.

The staff we spoke to told us that they had completed training in identifying and reporting abuse. They said that they knew the actions to take if they were concerned about a person they were supporting. All of the staff told us that they would report any concerns to the registered manager knowing they would be listened to.

We looked at the staff roster system and saw that the agency employed sufficient staff to ensure the appropriate level of care and support was provided. Staff rosters covered a 12 month period so that the support staff were very familiar with their work pattern.

We looked at three staff personnel records including a staff file for a newly appointed member of staff. We saw all records had the appropriate evidence of safe recruitment. This included qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records which had been checked. The recruitment process ensured that people could be confident that the staff who visited their homes had been recruited using safe procedures.

The two people who received personal from Cumbria-DeafVision were cared for by support workers they knew well and could speak to them through their training in British Sign Language. The registered manager told us that changes to the staff roster were kept to a minimum and these would only be in the case of sickness or holiday cover. She told us that this helped people to feel relaxed and secure with the staff that supported them.

Only one person required assistance with their medicines whilst the other needed only a reminder. We found that staff had completed training in the safe handling of medicines and the agency had policies and procedures in relation to this. The care plans we looked at contained protocols for storage of medicines, dispensing and administration of medicines and also for the disposal of medicines no longer required. We looked at the Medicines Administration Records and found these to be in order and up to date. Records were kept of any medicines that were returned to the pharmacy for any reason.

Good

# Is the service effective?

## Our findings

The support staff we spoke to told us they had completed training to give them the skills and knowledge to provide people's support. This included the use of British Sign Language and discussions during staff supervision. New staff completed thorough induction training before working in people's homes. This included working with more experienced staff before working on their own in people's homes.

Staff who worked with people who had complex needs told us they had completed additional training specific to the individual and support they required. They told us that this included training in how to use specialist equipment that people used. This also included British Sign Language in order for them to converse with those who were hearing impaired and supported by the service.

Support staff received regular supervision from the registered manager that ensured good work practices were maintained. The Chief Executive Officer had put in place a process to ensure the registered manager and the administrative staff also received supervision to further the personal and professional development. Annual appraisals were in place for all staff.

There were systems in place to manage how staff were deployed. These ensured that, where people had more complex needs, staff were only assigned to provide their care if they had completed appropriate training.

People who used this service were always introduced to any new staff that would, in the future, be supporting them. This meant that people were familiar with their support workers before they actually started to work with them.

Care staff we spoke to showed that they understood the need to respect the decisions people made. Part of the induction process included the importance of asking people for their consent and to ask what they wanted and, most importantly, to respect their decisions.

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.

We checked whether the service was working within the principles of the MCA. The registered manager was knowledgeable about the MCA and how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

Health care needs were met by peoples' own GP or district nurses when necessary.

Some care and support packages include the preparation of meals and staff told us they always encouraged

people to eat a healthy diet whilst ensuring they were given plenty of choice with their meals.

Good

# Is the service caring?

## Our findings

People we spoke to, through the interpreter, told us they were happy with the care they received and that they liked the staff. We visited people in their own homes and saw that staff interacted with people in a way that was individual to each person's wishes. We also saw that people were comfortable in the presence of all the staff they were being supported by.

We spoke to a family member who told us they were pleased with the care and support provided. She said, "I am very happy with the care given by the support workers. My relative is much more settled and they know all the support workers very well".

We noted that staff were very perceptive of people's wants, needs and feelings. We saw extremely good and sensitive interaction between the staff and the people they supported. All the support workers that worked for Cumbria-DeafVision had been trained in the use of British Sign Language and used this as the main means of communication. This combined with other means of contact such as body language and facial expression demonstrated that staff knew people and their needs very well.

We saw, in the care plans we looked at, there was some social history relating to the people the agency supported. This information enabled the care and support to be tailored to the individual. People told us that the care staff knew them well and knew the things that were important to them. We saw that people's personal care records included information for staff about how to support their wellbeing.

Staff we spoke to confirmed they knew the people they supported and their preferences well. They were knowledgeable about their assessed needs and what they had to do to meet those needs. This gave a consistency of care that ensured people became familiar with the group of staff that supported them. Staff rosters we looked evidenced that each of the people the agency supported were cared for by the same team of workers. Support staff worked to an annual roster so the people they supported got to know them well and this was appreciated by people and their families. When cover was required for holidays or sickness other people within the staff team provided this so people were always familiar with those providing the support.

We saw from the records and our visits to people in their homes that the support they received helped them to remain as independent as possible. They said the staff encouraged them to carry out tasks themselves and only provided assistance with tasks they could not manage on their own, One person told us, "The staff help me with bathing and food shopping and I look after myself the rest of the time. We do have coffee when we go shopping though".

No one we spoke to needed support from an independent person or advocate to assist them to express their wishes about their support. The registered manager of the agency knew of a local advocacy service that could be contacted if people needed support to express their wishes. Advocates are people who are independent of the service who can support people to make important decisions or to express their views.

Good

# Is the service responsive?

## Our findings

We spent time at the agency looking at care and support plans. They outlined in detail what the care needs assessment was and what care and support was required to meet people's needs and enable them to live independent lives. Each plan contained a personal profile and information concerning the person's social life. Goals to be achieved were set and if these were met new goals could be introduced.

Details from the assessment of needs formed the basis of each individual plan of care. We saw, in the care plans we looked at, that every aspect of people's care was documented and that people were very much involved in formulating their own support plan. Relatives were also involved in the care planning process if this was appropriate. The assessment included physical health care needs, daily routine and likes and dislikes. Support plans were then based on these assessments and regularly reviewed and updated to meet peoples changing needs.

Following our visit to the agency we spoke a member of the adult social care team who was involved in the care of one of the people. They told us, "We have regular reviews to ensure care and support is provided in the way that is most appropriate to the individual. Any problems can then be addressed as soon as possible in order to ensure the care delivered is of a high standard".

People we spoke to told us they enjoyed activities outside their home. These included swimming, walking, shopping, working in a local day centre, going to the local theatre and other activities in the community. One person told us they liked going out and went out on most days with their support worker.

One relative told us, "The activities my relative takes part in have improved over the past months. There is more variety now and I would like that to continue".

Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties. We saw that the service provided to individuals concentrated on supporting them to maintain their independence and live as fulfilling a life as they wanted

The service had a suitable complaints procedure in place and a record was kept of any concerns that had been raised. The Care Quality Commission had not received any concerns or complaints. Staff assured us that they had never had cause to complain about anything but if they had they would be confident that the registered manager would deal with the matter appropriately and in a timely manner.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection. Currently they only worked on a part time basis and we discussed this with the Chief Executive Officer. He said, "I cover for the registered manager while they are not working but we are looking to increase the managerial hours as the agency grows". We recommended that the registered provider addressed this as soon as possible.

We spoke to members of the care staff team, two of the social workers who were employed by the service and those who worked in the administration office. They siad they thought the agency was well run and the registered manager was very approachable. They also said that there were very clear and open lines of communication throughout the agency. However, when we spoke to a relative they said that the communication with the support staff was very good but they felt communications with members of the management team could be improved. Comments included, "Sometimes information is late or not conveyed at all and I think this could be improved".

Monitoring of the quality of care and support provided was done on a more informal basis. Home visits were completed by the registered manager to review the care plans and people with more complex needs were reviewed every three months and included input from the local authority adult social care.

Care plans were reviewed as part of the quality monitoring process which included checks in the home to ensure the safety of the staff and the people being supported. The registered manager checked how medicines were being managed and recorded and that money held on behalf of the individual had been held safely.

Providers of health and social care services are required to inform the Care Quality Commission, (the CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant that we could check appropriate action had been taken if this was necessary.