

Deaf Solution Ltd

# Deaf Solution Ltd

## 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 21 July 2017. The registered provider was given 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.

Deaf Solution Ltd is registered with the Care Quality Commission to provide a domiciliary care service to people with a sensory impairment and who may also have other needs such as physical disabilities, learning disabilities or mental health issues. The support workers assist people who use the service with all aspects of their daily life, including shopping, work placements and social and leisure activities. The office is situated near the centre of Doncaster. At the time of our inspection there were 12 people who were in receipt of support from the agency, although only one person was receiving personal care.

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 service was safe and the members of staff we met 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 registered provider had adequately robust recruitment policies and procedures, which ensured only suitable people were employed to care for vulnerable people.

Staff training was up to date and the staff were able to support people with more complex needs. The service was run and provided by deaf people for deaf people. All staff were deaf and used British Sign Language (BSL), so they were able to communicate very effectively with the people they supported. Staff received regular supervision and appraisal that ensured good work practices were maintained.

People received the support they required to maintain a good diet and to maintain their health. Health care needs were met by external healthcare 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.

People were involved in the care planning process and gave their consent to the care and support provided.

People were supported to take part in activities of their own choice in the local community.

The registered provider had a procedure for receiving and handling complaints about the service. There was a 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.

Pre-employment checks were undertaken before new staff were recruited.

Staff were aware of their responsibility to protect people from harm.

Medicines 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 have a good diet 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 in a positive way.

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

□

### Is the service responsive?

The service was responsive.

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

Care and support 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. □

□

Good ●

### Is the service well-led?

The service was well led.

There was a registered manager in post.

There was a quality assurance process in place, which monitored the quality of care provision and identified any shortfalls. □

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Good ●

# Deaf Solution Ltd

## 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 announced inspection took place on 21 July 2017. The registered provider was given short notice of the visit because the location provides support and personal care to people living in their own homes and we wanted to be sure the registered manager would be in the office to support the inspection.

The inspection was carried out by one adult social care inspector and an expert by experience who used British Sign Language. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 registered 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 was one person who received personal care from this service and they gave permission for us to visit them in their own home to discuss the care and support they received. We met with three support staff who worked for the agency. We met and discussed the service with the registered provider, who is also the registered manager and who was accompanied by their personal assistant, who interpreted using British Sign Language.

We also contacted one social worker to ask for their comments about the service provided by the agency.

We looked at the care and support plan for the person receiving personal care and the personnel files of three support workers, one of whom had recently started to work at the agency.

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

# Is the service safe?

## Our findings

When we met with the person who used the service we received very positive comments about the staff, particularly the registered manager.

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

The support staff we met with told us they had completed training in protecting people from abuse, and that this included identifying and reporting abuse. They said that they knew the actions to take if they were concerned about the welfare of a person they supported. All of the staff we met told us they would report any concerns to the registered manager. They were confident that their concern would be taken seriously and appropriately acted upon.

We looked at the staff rota system and saw that the agency employed sufficient staff to ensure the appropriate level of care and support was provided to people. Staff rotas were flexible, to suit the needs and preferences of people who used the service.

We looked at three staff personnel records including a staff file for a newly appointed member of staff. We saw that the records included job applications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records which had been checked. For the most part, the recruitment process ensured that people could be confident that the staff who visited their homes had been recruited using safe procedures. In some instances, the records needed improving, so that more formal and detailed records were kept of references sought and received, and of the checks done to verify them. The registered manager explained that the deaf community was quite small in the local area, so he had prior knowledge of all of the staff recruited including their backgrounds and histories. He acknowledged that, more formal and detailed records were necessary as the service grew.

The person who received personal care from Deaf Solution Ltd was cared for by support workers they knew well and could speak to them using British Sign Language. The registered manager told us that changes in staff were kept to a minimum and these would only be in the case of sickness or holiday cover. They told us that this helped people to feel relaxed and secure with the staff that supported them.

We saw records for one person who required assistance with their medicines. 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.

## Is the service effective?

### Our findings

The support staff we met 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 all used British Sign Language in order for them to converse with people impaired and supported by the service. 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.

Support staff told us they received regular supervision from the registered manager that ensured good work practices were maintained. Annual appraisals were in place for staff.

There were systems in place to manage how staff were deployed. These ensured that, where people had specialist 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.

Support staff we met with 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 most importantly, to respect people's 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 included 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.

## Is the service caring?

### Our findings

The person we met told us they were happy with the care and support they received and that they liked the staff. We visited the person in their own home and saw that staff interacted with them in a way that was individual to their wishes. We also saw that the person was comfortable in the presence of the staff they were being supported by.

It was clear that there was a very positive relationship between the registered manager and the person we visited. They communicated with each other with good humour, mutual affection and respect. The person told us about a time when the registered manager had visited them in hospital in their own time and had ended up acting as interpreter for the person to support them in understanding the information provided by hospital staff and in expressing their views. This had been a particularly timely intervention, as it prevented the hospital staff from making assumptions and mistakes about what medical intervention the person had consented to.

We noted that staff were very receptive to people's choices, needs and feelings. We saw extremely good and sensitive interaction between the staff and the person they supported. All the support workers that worked for Deaf Solution Ltd used British Sign Language and used this as their main means of communication. This, combined with other means of communication, such as body language and facial expression demonstrated that staff knew people and their needs very well.

In the care plan we looked at there was some social history relating to the person. This information enabled the care and support to be tailored to the individual. The person told us that the support 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 met 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 rota we looked showed that each of the people the agency supported were cared for by the same team of workers, who got to know them well. The staff told us that 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 familiar with those providing the support.

We saw from the records and our visit to the person in their home that the support they received helped them to remain as independent as possible. They told us the staff encouraged them to carry out tasks themselves and only provided assistance with tasks they could not manage on their own.

The person we met was able to advocate for themselves, with a skilled interpreter to assist hearing people to understand their wishes. The person told us that the registered manager of the agency was very familiar with the language they used to express their wishes.

## 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. The assessment included people's physical health care needs, daily routine and likes and dislikes. Support plans were then based on these assessments and reviewed and updated to meet people's changing needs. People who used the service were asked if they wanted their relatives to be involved in the care planning process.

We contacted a social worker who told us they had worked in partnership with the agency for some time. They told us, "If I ask for services or support, they are willing to provide, they will do their uttermost best for the clients. They are quick to respond and they have options to use different ways of communication, which is excellent for the service users, e.g. Glide, Facetime, Skype, text, emails. They care about their clients and do the best for them. They are honest hard working people who will do their best to provide services that social workers ask for." Glide, Facetime and Skype are all methods of real-time, audio-visual communication via mobile telephones and computers.

The person we met who used the service told us they were supported to be involved in activities outside their home, in the community. They told us they liked going out and went out on most days with their support worker.

Staff had a very good understanding of people's backgrounds and lives and the fact that they used British Sign Language as their first language helped them to support people particularly well and to be more aware of things that might cause them difficulties. The service provided placed a real emphasis on supporting people to maintain their independence and live as fulfilling a life as they wanted. The person we met who used the service told us they were really pleased with the service because the staff could communicate with them so well. They had negative experiences when using hearing services because of barriers to communication and it was a really positive thing for them that staff from Deaf Solution properly understood what they were saying, and respected their choices. They added that they were supported to be involved in activities outside their home, in the community.

The service had a suitable complaints procedure in place and this was in a format that suited people communication needs. The person we met 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. It was evident from the conversation that when the person had not got on well with particular staff members, this had been addressed by the registered manager in a very timely and effective manner. The Care Quality Commission had not received any concerns or complaints

about the service.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection. This was a small service and the registered provider was also the registered manager. They were a positive and strong advocate for the rights of the people using the service and the rights of deaf people in general. They were very committed to providing the best service possible to the people who used the service, as well as providing positive opportunities for employment as support staff, for members of the local deaf community.

We met three support workers who were employed by the service and several staff also completed questionnaires for us. The feedback about the way the service was managed was very positive indeed. Everyone indicated that they thought the agency was well run and the registered manager was very approachable. It was evident that there were very clear and open lines of communication throughout the agency. The person we met who used the service indicated that, because staff used British Sign Language, communication with the support staff was very good, and that communication with the registered manager was excellent.

The social worker we contacted told us, "They [the agency] are honest hard working people who will do their best to provide services that social workers ask for."

Monitoring of the quality of care and support provided was done on a more informal basis, although it was effective. Home visits were completed by the registered manager to review the care plans. This included input from the local authority and professionals, where needed.

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.