

Cumbria Deaf Association

Cumbria-DeafVision

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cumbria-DeafVision is a domiciliary care service providing personal care to adults with a range of health issues in their own homes, predominantly those with a hearing impairment. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection three people were supported in this way.

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

Medicines were not always managed safely. Risk assessments were not always in place and therefore staff did not have all the information necessary to minimise risk. Accidents and incident learning was not always shared.

People were supported to have maximum choice and control of their lives and staff always supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice and records of mental capacity assessments and best interests decisions were not always in place.

Quality checks were not robust and had not identified the issues we found. The manager and board of trustees responded to our feedback and took steps to make improvements straight away, including sending us an action plan of how they were going to do this.

Care records needed to be reviewed to ensure they were accurate and up to date. Whilst some care plans were very detailed, others contained limited information or were missing detail.

There were enough staff on duty and people were supported to eat and drink sufficiently.

People received care from kind and compassionate staff, although we did receive one concern which was going to be investigated by management. Staff knew people well and provided support which met people's needs. People were respected and encouraged to be as independent as possible and staff maintained their dignity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cumbria-DeafVision

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Cumbria-DeafVision is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had recently resigned. A temporary manager had been employed and had submitted an application to become the registered manager.

Notice of inspection

The first day of this inspection was announced. We arranged the remaining visit dates in agreement with the manager, which included visiting people in their homes on the 10 September.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service via an interpreter and two relatives about their experience of the care provided. We spoke with 10 members of staff including two trustees, the manager, seven care staff and an interpreter. We spoke with one staff member from another service where two people lived. We also contacted a care manager to obtain their views. We used their comments to support the judgment of this inspection.

We reviewed a range of records. This included three care plans and three medicine administration records. We looked at two staff files in relation to recruitment, training and support. We also reviewed a range of management documentation, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Records were not always fully completed or reflective of people's current needs. Records were not always in place when staff supported people with their medicines. This included creams/ointments and medicines that were taken when required.
- Staff had not always completed people's risk assessments who self-administered some of their medicines to help ensure they remained safe in taking them.
- Staff had not all had their medicines competencies checked to ensure they were safe to administer medicines.

Systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. This placed people at risk of harm. This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk had not always been fully assessed or reviewed regularly. Risk assessments lacked detail and were not always tailored to people's individual needs.
- Contingency planning was not robust. One staff member had taken a person to their own home after emergency systems failed to work. The same person had no risk assessment in place to reduce risks should the same emergency occur again.
- People's emergency evacuation plans had not been reviewed regularly.
- Accidents and incidents had been recorded but there was little evidence to confirm that lessons had been learnt to stop them happening again.

Risks were not correctly managed to ensure people's safety and learning was not always shared. This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and understood safeguarding procedures. Although one issue had not been reported to the CQC or the local authority, it had been dealt with robustly at the service. We are dealing with this outside of the inspection process.
- People said they felt safe with the staff who provided support to them. Relatives confirmed this.
- Staff understood their responsibilities with regards to safeguarding people.

Staffing and recruitment

- There were enough care staff to support people with their care needs. Contingency plans were in place, should an emergency arise which effected staffing levels.
- Processes were in place to ensure the safe recruitment of staff. We noted one staff member's Disclosure and Barring Service check had not been updated in line with best practice. We discussed this with the manager who said they would address this.

Preventing and controlling infection

- Infection control procedures were followed. Staff had access to gloves and aprons to prevent the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Mental capacity assessments and best interests decisions had not always been completed correctly. For example, staff had restricted one person's choice of food and activities. The person confirmed they needed to lose weight and had been advised to do so, but there were no records to confirm this had been done lawfully. The management team agreed to investigate this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to make sure staff could provide the care and support they needed. However, reviews of people's care needs had not always been carried out regularly. We found no impact on people as staff knew people well.
- Background information was requested from anyone involved with the person, including families and healthcare professionals.

Staff support: induction, training, skills and experience

- Staff training was not fully monitored and therefore it was difficult to establish if refresher training was due or if staff had completed the provider's expected mandatory training. There were indications a small number of staff were overdue some training and the management team were in the process of addressing this.
- Staff were supported by a programme of supervisions and annual appraisals. We noted that the

programme was a little behind, but dates were planned for this to take place. One staff member said, "We are able to contact the office, but we feel that [one staff member name] has been left to deal with everything. We feel a bit in limbo, like we have to just get on with it." Staff said communication was not good at the moment.

- Staff had undertaken an induction programme, which included shadowing experienced members of the care team.
- Staff had been employed from the deaf community to help support the diverse needs of people. A British Sign Language (BSL) Interpreter was employed to help people with appointments/letters and other occasions where their skills were required.

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

- People were supported to eat enough food and drink. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs.

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

- People were supported to access external professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as GP's and physiotherapists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained unchanged. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and were aware of keeping confidential data secure. One staff member explained they ensured that when they supported people, privacy was at the forefront of any care they delivered. However, we noted that one person's records referred to another person. This was to be addressed by the management team.
- People were supported to continue to be as independent as possible. For example, interpreters supported people in several ways to enable them to do things for themselves.
- Dignity was maintained.

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

- People were supported in an easy-going way. One member of staff from an external organisation said, "[Staff name] is absolutely lovely with them."
- Staff treated people with respect and valued people's interests.
- People and their relatives were happy with staff who supported them. Although two people indicated a less positive response to a particular staff member. This was reported to management and trustees for them to investigate.

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

- Staff helped people to be involved in decisions about their care. Interpreters were employed by the service to support people when needed. A staff member from another organisation told us, "[Staff name] helps them to choose what they want for lunch."
- People had access to advocates if necessary. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Some care plans contained detailed information on people's individual support needs and personal preferences. However, others were briefer with less specific information to guide staff. The management team were going to address this.
- A personalised BSL DVD had been developed to support one person with the action they should take in certain circumstances. We sat and watched some of this with them and they clearly understood the explanations we viewed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met. The provider supported people to access a range of activities they enjoyed.
- People were supported to maintain relationships with friends and family.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The accessible information standard was met. Information was available in alternative formats to ensure everyone was able to access and understand it. For example, one person had larger print documents to support their communication needs.
- People had the use of a BSL interpreter to support them with any communication difficulties they may have experienced.
- Detailed communication care plans were in place for people with a recognised sensory impairment.

Improving care quality in response to complaints or concerns

- There were no complaints recorded since our last inspection.
- A complaints policy was available, and people knew how to complain should they need to.

End of life care and support

- No one was receiving end of life support during the inspection.
- Staff understood the changing needs of people at this time of their life. They could explain how they would work with healthcare professionals to ensure people had a comfortable and compassionate death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a new manager in place who was currently in the process of registering with the Commission. The previous registered manager had left and was reported to have carried out a number of regular audits to monitor the quality of the service. However, the audits were not recorded and had not successfully identified the issues we had found.
- Records were not always up to date or accurate and people were not always protected from the risk of harm.
- Policies and procedures were not all in line with best practice or regularly reviewed.

Quality assurance systems were not robust. This was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- There had been some recent major changes to the management team. Both the registered manager and NI had recently left. A nominated individual is the person who acts on behalf of the registered provider. This had impacted on staff, who told us they had lost confidence in the management team. However, there was no evidence to show any impact on people using the service.

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

- The provider was in the process of ensuring the right staff and support to people was in place. This included employing a consultant to review the service and make recommendations.
- People were happy with the management team. They felt they were involved and able to have their say. One person told us (with the support of an interpreter), "[Name of manager] came to visit. He asked me if I liked it here. I told him I did."

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

- The management team had a good understanding of the duty of candour.
- The management team assisted us throughout the inspection, listened to the advice given and told us they would act upon any issues raised.
- Following our initial feedback, the manager sent us an action plan on how they were going to address the

issues raised.

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

- The management team and wider staff team worked towards encouraging people to be involved with the local community.
- Annual surveys had been previously conducted with people using the service, but no evidence was provided to indicate this had occurred within the last inspection period. The management team were going to address this.
- People had been visited by the manager to gain their views and gather feedback on the service offered.

Working in partnership with others

- Staff had worked with health and social care professionals to make sure people received joined up care which met their needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that medicines were managed safely or risk had been fully mitigated. Lessons learnt had not always been discussed fully.</p> <p>Regulation 12 (1) (2)(a)(b)(c)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust quality assurance systems in place.</p> <p>Regulation 17 (1) (2)(a)(b)(c)</p>