

Deafblind UK

# Deafblind UK

## Inspection report

18 Rainbow Court  
Paston Ridings  
Peterborough  
PE4 7UP

Tel: 01733325353

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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

### About the service

Deafblind UK is a supported living care service. Care is provided to adults in their own flats. At the time of our inspection there were six people receiving personal care.

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.

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

We have made a recommendation to talk with people about their end of life wishes.

The provider had policies and procedures to ensure people were kept safe. The registered manager understood safeguarding and the importance of reporting any concerns.

Quality assurance audits were completed. Where issues were identified these were reviewed and action plans completed to ensure improvements were made. The provider had systems in place to respond to complaints and the registered manager ensured people felt they could raise any concerns.

People told us they felt safe and were happy with the care and support they received. People's care and support plans contained clear guidance for staff. Care plans included appropriate risk assessments that were reviewed regularly and when required.

People had established good relationships with staff and were involved with discussions about the care and support they wanted. People's cultural needs were respected, and staff communicated in many forms that included easy read, sign language and braille.

Staff received appropriate training that included areas such as infection control and sign language. Staff felt supported by the registered manager and understood their roles and responsibilities.

### Why we inspected

This service was registered with us on 27/09/2019 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Deafblind UK

## 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 was completed by one inspector.

#### Service and service type

Deafblind UK provides care and support to people living in their own homes so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service over 48 hours' notice of the inspection. This was because we needed to ensure we had people's permission to visit them in their own home and to arrange support from the registered manager to assist us to communicate with people about their experience of the care and support they received.

#### What we did before the inspection

We reviewed information we had received about the service. We reviewed information we requested from the provider.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke with three staff and the registered manager.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence we found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accident and incidents had been documented, reviewed and responded to appropriately. Action plans were in place and any lessons learnt were discussed with staff.
- Staff received training to ensure best practice. The registered manager also completed unannounced spot checks. Staff were confident about how they would report any concerns both internally to the service management and externally to other bodies, these included the local safeguarding team, police and us.
- Staff demonstrated good knowledge about safeguarding people. One staff member told us, "We work with people to keep them safe from abuse and protect their human rights."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and staff were able to describe to us how they minimised these risks. Risk assessments were updated when a person's needs changed.
- People's risks were detailed in their support plans with clear guidance for staff. People were happy with the care they received, one person said, "I am happy with my care."

Staffing and recruitment

- Staff confirmed there were enough staff available to meet people's care needs.
- Staff confirmed there had been recruitment procedures carried out before they started work at the service. Criminal record checks (DBS) and satisfactory references had been obtained for all staff.
- All staff completed an induction which involved working with experienced staff until they were competent to work on their own. Staff confirmed they received an induction and felt supported by the registered manager.

Using medicines safely

- Staff received training to administer people's medicines safely. Medicines administration records [MARs] were completed by staff when medicines were administered. Staff also supported people's independence with taking their own medicine.
- Systems were in place to safely order, monitor and review medicines. Processes in place ensured people received medicines safely. Staff received competency checks to ensure best practice was followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they used the service to ensure their needs could be met. People's support needs also included their preferences, hobbies, likes and dislikes. They were supported to live independently in a person-centred way.
- Technology was also used to support people's independence in many different areas. For example, by using a liquid level Indicator, which is designed for people who have limited vision. Its purpose is to send an audible signal when a liquid gets to a certain level in a glass jug or cup.

Staff support: induction, training, skills and experience

- Staff confirmed that they received training and supervisions relevant to their job role. The registered manager confirmed all staff had a personal development record to discuss their goals and development. One staff member said, "We have a comprehensive range of training with competency checks in place."
- Staff felt supported by the registered manager. They told us they could discuss concerns at any time. One staff member said, "Yes I have completed my induction and we also have supervisions and appraisals."
- Staff received an induction for their job role. This included working with another staff member before starting to complete tasks independently. The registered manager told us that people and new staff were matched to ensure they had shared interests. For example, one person enjoyed playing chess and enjoyed the chess games they played with one staff member.
- People felt that staff were trained to do their job role. One staff member said, "There has always been time for training. Happy with the training and support."

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

- People were supported to eat and drink according to their preferences and support needs.
- The registered manager told us that staff support people with cooking.
- People were supported to maintain a healthy diet. For example, one person who was overweight was supported by staff to make healthier choices.

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 such as GP's, dentists and opticians. Staff accompanied people to appointments when required to ensure the person had a voice.
- The registered manager also confirmed people were supported with massage therapy and a chiroprapist.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the MCA. At the time of the inspection all people supported by Deafblind UK had capacity to make their own decisions. There were systems in place to support people with best interest decisions should this be required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff with kindness and respect. We observed caring interaction taking place with people in their own homes. Staff and people had developed good relationships. One person said, "Staff are good."
- Staff understood the importance of supporting people with dignity and respect. One staff member said, "It's important to know the individuals and respond to their needs, knowing their likes and dislikes and always communicating to see what they want."

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

- People lived independently in their own homes and had different support requirements. People were involved with deciding what and how they received their support. Care plans were discussed with each individual and detailed their individual care and support needs. One person said, "Staff talk with me about my support."
- The registered manager visited people regularly to ensure people had a voice and were happy with their care and support.
- An independent advocacy service was provided for people if required to ensure people had an independent voice.
- One staff member told us about one person who was blind. They told us that the person loved animals and wanted to visit a zoo. They confirmed this had been arranged and they both had a great day. The person loved listening to the description from the staff member about what they could see.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting privacy by knocking on people's doors and waiting to be invited in. Staff were mindful of replacing any objects moved and constantly sought the person's permission before commencing any task
- Staff supported people daily to follow their interests. One person we spoke with had lots of projects they were involved in; this was all made possible by caring staff. One staff member said, "I have loved working here, good staff team. I love my job."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was planned with them to meet their individual needs.
- Care plans were person centred and contained good information and guidance for staff.
- One person said, "I like living here. We go to the pub; I like to go shopping". Another person said, "It's good here, I like to do my woodwork and staff help."
- People were supported to follow their interests and have their support needs met. There were residents' meetings and people were welcome to visit the office. Customer surveys were completed to ensure people had a voice." One person said, "Staff communicate with me about my support."

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

- The provider understood the importance of accessible information for people; they ensured that information was made available in people's preferred format, this included easy read, different sized text, coloured backgrounds and braille.
- The registered manager confirmed they had staff trained in braille so that they can provide documents in Braille if this is the person's method of communication. Braille is a system of touch reading and writing for people who are blind. They also provide documents in Moon. This is a system of raised shapes, which can help blind people, to read by touch.
- The registered manager told us, "The best way to learn is to work 1-1 with people as each person has their own unique way of communication using the DeafBlind Manual." Staff also learnt to use 'Hands on hands' British sign language (BSL) and were supported to develop their communication skills further.

Improving care quality in response to complaints or concerns

- People knew how to raise their concerns if they needed and were confident any concerns or complaints would be dealt with. The registered manager told us, "We promote people to raise their concerns. We have a customer guide to help people understand how to complain."
- People were supported to have a voice. A staff member told us about one person who was unhappy with a decision that had been made by Deafblind UK. However, they needed support from a staff member to write a letter that they signed. The person's concerns were reviewed by the provider and the decision was reversed.
- Complaints were reviewed by the registered manager and responded to appropriately. Any lessons learnt were shared with staff.

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

- Staff promoted people to maintain relationships by supporting them with their daily needs. technology was used to promote people's independence for example, smart home systems that will alert a person who cannot hear, with a pager that gently vibrates to alert the person that someone is at the door.
- People were happy with the support they received. One person said, "I enjoy living here, it is very sociable, the communication is important to me."
- One-person who was blind and deaf was supported to maintain all their interests and live independently. The person communicated with staff using 'Hands on hands' British sign language (BSL). This is a unique way of communicating that involves the staff touching the hands of the person who is signing. Amongst their interests were woodwork and wine making, the person told us, "I enjoy making all sorts of things."

#### End of life care and support

- At the time of this inspection people were not in receipt of end of life care. Care plans did not contain an end of life care plan to support the persons needs and end of life wishes.

We recommend the provider consider current guidance on talking about death and dying to people they support and update their practice accordingly.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a good understanding of their legal and ethical responsibilities towards the people they supported.

People were happy with the support and knew the staff and registered manager well. Staff had the appropriate skills to support people to achieve good outcomes. For example, Staff accompanied people to see other professionals to promote their voice.

- Staff delivered care and support in a person-centred way. Staff supported people who were deaf and blind to live the life they wanted.

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 registered manager had a clear understanding about duty of Candour and discussed any action and learning when things went wrong. They promoted an open culture and confirmed their door was always open.
- Staff felt the registered manager was supportive and approachable. One staff member said "The culture is open, and the registered manager is very approachable".

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

- The registered manager demonstrated a good understanding of the safeguarding processes. They ensured that all reportable incidents were shared with the relevant authorities and CQC.
- Staff understood their roles, the provider ensured systems and protocols were in place. The registered manager and staff ensured that all concerns and complaints were reviewed and escalated if required.
- One person told us, "I am very happy living here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Continuous learning and improving care.

- Staff and people gave positive feedback about the service and how it was operated. The registered manager completed regular visits to ensure people had a voice and were happy with their care and support. There were residents' meetings and good communication from staff.
- Regular quality monitoring was completed with action plans to ensure improvements were made if required.

#### Working in partnership with others

- The registered manager and staff were committed to providing a high standard of care to the people they supported.
- The registered manager and staff worked with other professionals to achieve good outcomes for people.