

Sam2Sam Deaf Care Service Ltd

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Inspection report

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03 February 2016

05 February 2016

08 February 2016

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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

The inspection took place on 03, 05 and 08 February and was announced to make sure that the people we needed to speak with were available. We gave the provider 48 hours' notice of our inspection to make sure that the appropriate people were present.

Sam2Sam Deaf Care Service Ltd is registered to provide personal care for deaf people to meet their needs in their own home. The service provides support to people who lived independently in their own homes. There were nine people who used the service at the time of our inspection.

There was a registered manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The provider for Sam2Sam is also the registered manager for this service.

People felt safe, happy and well supported in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

People and their relatives were positive about the skills, experience and abilities of staff that provided support. . Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. People were supported with shopping and meal preparation.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people access independent advice if required.

Staff had developed positive and caring relationships with the people they supported and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout their home and in the office.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at their home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff were complimentary about the registered manager and how the service was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good 

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Staff were well trained and supported to help them meet people's needs effectively.

People were supported to eat a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Sam2Sam Deaf Care Service 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 03, 05 and 08 February 2016 by one Inspector and two British sign language (BSL) interpreters. We completed home visits on the 05 and 08 of February to talk with people who used the service and staff, all of whom were deaf. . We sought permission to visit people in their own home and the inspection was announced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, three staff, three relatives, the provider and registered manager. We looked at care plans relating to four people and two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

People were safe and protected from harm. People told us they felt safe with the staff that provided support in their homes. One person told us, "I feel safe with staff; they always check that I am ok."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was available to staff. One staff member told us, "Safeguarding training and procedures are very good. Staff were able to communicate their understanding of how to keep people safe and who to report concerns to. Staff were also aware of how to escalate concerns and report to outside agencies such as the Care Quality Commission (CQC)."

People were supported by staff that arrived at the times people wanted their care. People confirmed that staff stayed for the appropriate time and that they were happy with the care they received. They also confirmed if staff were running late they always received a text to let them know. One staff member told us, "If I am running late I would always inform the client and let [provider] know."

Safe and effective recruitment practices were followed to make sure that all staff were of good character and both physically and mentally fit for the roles they performed. One person commented, "I feel safe with the staff that look after me." All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. However, we did find that although audits had been completed on staffing files not all documents that were needed for recruitment were in place. The provider confirmed that the checks had been made and we were shown that an email request to staff to have these documents had been sent. The provider confirmed that they would ensure that the process would be improved but assured us that all relevant checks had been completed.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The provider told us that people were supported when and how required. They said, "I have a great relationship with all the people we provide care for." They also told us that people are always supported by the same group of staff to ensure the good care.

Most of the people being supported managed their own medicines and staff prompted or reminded people. However, some people required more support with taking their medicines and staff told us they had received training and competency checks to enable them to support people safely. We saw that records were completed appropriately and staff felt that they had received good training that enabled them to meet people's needs. One person said, "They remind me to take my medicines on time."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as diabetes, nutrition, medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible.

For example, one person with diabetes had been supported by staff to better understand how to manage their condition safely. The person told us before Sam2Sam had started to provide care, their sugar levels were up and down and that they didn't really understand their condition. However, with the support of Sam2Sam they have been supported to manage their condition. There had been the introduction of a chart that helped them with food choice and monitoring of their food intake they felt confident now and were able to safely manage their diabetes.

Information from accident, injury and incident reports was used to monitor and review both new and developing risks. For example, one person who was at risk of falls had with their agreement been supported to de-clutter their home to allow safer movement. Staff were aware of the importance of trip hazards and were mindful of this.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example all staff had an application down loaded on their phone that gave them access to a system called "Interpreter now." This gave staff access to an interpreter who they could communicate visually with using sign language. This meant staff were able to call for an ambulance or book a GP to visit if required. One staff member told us that they felt more confident knowing that even though they were deaf they had the tools to be able to deal with emergencies.

Is the service effective?

Our findings

Throughout our inspection we saw that, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "I have complete control about my care and staff will always ask me what I want." One staff member told us, "It's important for people to have choice, it's their right and it's important to respect their choices."

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. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. People and their relatives were very positive about the skills, experience and abilities of the staff. One person said, "The staff understand my needs and they know how to take care of me." People confirmed that staff knew them well and they felt staff had the training to support them. One person said, "The staff know me well and I know them."

New staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines, first aid and infection control. Most of the training was provided on site. There was also some online training but this was always completed with support from the provider or team leader to ensure staff understood the content. Staff also had access to an interpreter service to help with their learning. The provider had also made visual DVDs in sign language to support training and learning. Staff told us that this was a good tool to have and that it worked well. Another staff member commented, "I had an induction, I really enjoyed it. There was lots of training and I received shadowing. (Shadowing is when a person is supported with a qualified member of staff to learn and become competent in their role).

Staff had regular supervisions with the provider where their performance and development were reviewed. Staff confirmed they had the support of the provider to develop. One staff member told us, "I have completed my level three health and social care [vocational qualification] and I am completing my level five."

Staff supported people with food shopping and preparation. They encouraged people to eat healthy and nutritious food and prompted people to drink sufficient amounts to keep hydrated. We saw that staff spent time discussing food options and helped people with preparing and cooking their food. One person told us

"I decide what I want to eat and I am cooking more now for myself and staff have supported me with losing weight." One staff member said, "I am responsible for getting the food and we always sit down and make a list. We always give the person choice and encourage them with their exercises."

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One person told us, "Because the staff can sign the communication is excellent and the staff have helped me with understanding my conditions .I feel like I have learnt so much and I have grown in confidence and the staff are there to support me."

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. One person told us, that they were accompanied by staff to their appointments and this was their choice. We saw in people's care plans that appointments had been documented and were never missed. We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I feel more valued now; staff respect me and have helped me feel more confident." A relative said, "It's been an absolute revelation, a life saver. All the carers are deaf and use sign language and all of a sudden people can speak [family member's] language, They are much happier now because they don't feel so isolated anymore."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person said, "The staff took me out for Christmas dinner and I got presents it was lovely. I wasn't aware it was going to happen they made it a surprise. Staff are just lovely." Another person commented, "I feel listened too and if I am sad or upset the staff will always talk with me, staff are fantastic."

People were supported to maintain positive relationships with friends and family members. One person told us how their life had changed because Sam2Sam are brilliant. They commented, "They [staff] have helped me become more confident and I am getting out more now with their support." They had been introduced to face time (Face time is an application that can be used with a specific phone that allows for people who phone each other to be able to communicate visually). They now frequently communicated with the provider about anything they wished to discuss. The provider sent emails and updates as videos so people could watch the provider sign the information. This meant that the provider ensured people had access to relevant information and updates.

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the detailed guidance made available to staff about how people wanted to be cared for. One person said, "I am involved in decisions about my care." People confirmed that they had discussed their care. One staff member said, "We sit and discuss what [name] needs. I always ask what they want, I can offer advice but [name] always will decide what they want."

We found that confidentiality was well maintained and that information held about people's health, support needs and medical histories were kept secure. Information about advocacy services and how to access independent advice was available in the service user guide.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care, the medicines they needed help with, dietary needs and how they wanted to be supported. One relative said, "I am happy with the support in place, they have built up a trust with the staff."

The guidance provided about one person gave staff practical information about how to help them with daily exercises that were both an important and necessary feature of their health care. The person concerned had been involved with their care; staff had good guidance about how to support the person with their exercises. This meant that staff had access to guidance that had been personalised to the individual, tailored to their specific needs and helped them deliver safe and effective care and support.

We saw that people had been supported by an interpreter when they attended appointments to support them with communication and make sure their care preferences had been properly understood and planned in accordance with their wishes. Staff supported people with all aspects of their lives from shopping, cooking and attending appointments. Care plans were personalised and captured the individual well and all the details that mattered to them. . Individual cultural and religious needs were also supported.

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. They were trained and had access to information and guidance about how to care for people. For example, training was provided to help staff support people with specific health needs. Staff had used this knowledge to help and support a person to manage their condition better. They liaised with other professionals and fed back relevant information to the provider and updated care plans with relevant information.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at their home and in the community. One person told us, "I go shopping and I go to the deaf club." One relative said, "The staff are more aware of what is available in the community for deaf people and my [relative] has grown in confidence and is happy living a fuller life." People were supported to achieve their goals and become more independent. One Relative said, "The staff are fantastic, they are really committed to what they do. They are well trained with all aspects of [relatives] care and supporting their independence."

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about their care and support. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. We saw that information and guidance about how to make a complaint was made available in the service user guide. People were aware of how to complain and felt that the provider and staff were very approachable

and responsive to their needs. One person told us, "I have had to complain and the response from [provider] was very good and the issue was resolved straight away."

Is the service well-led?

Our findings

People who were supported by Sam2Sam, relatives, and staff were all very positive about how the service operated. They were complimentary about the provider who they described as being approachable and supportive. One relative told us, "I am very happy with [provider] they fight for the client's rights and are very much involved. I can approach them at any time they understand what's going on at ground level."

The provider confirmed that people's views were sought about how the service was run. They spoke to people regularly about the care provided and used surveys to seek people's views. Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as health and safety, care planning and training. The provider also carried out spot checks to monitor the performance of staff and quality of care and support provided. Information gathered in relation to accidents and incidents that had occurred were personally reviewed by the provider who ensured that learning outcomes were identified and shared with staff. They confirmed that patterns were looked for to help identify trends to enable them to provide safe care.

Staff told us, and our observations confirmed that the provider led by example and demonstrated strong and visible leadership. The provider was very clear about their vision regarding the purpose of Sam2Sam. Their principles and values were present in the service user guide and the provider told us that they communicated this with all people who used the service. These topics were regularly discussed at staff meetings. Both staff and people who used the service felt they had a voice. The provider had an open door policy for staff and people who used the service. They felt it was important that they were accessible.

Staff felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them. The provider was very knowledgeable about the people they supported. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "I know [Name] really well and we always discuss what they need."

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. One staff member confirmed that the training was good and they felt they had the skills to support people they cared for. The provider supported people with their learning by providing one to one support to staff to ensure that they understood the policies and the training.

The provider had established links with the community. For example, social clubs for deaf people. Staffs knowledge about what was available for deaf people was very good, all the staff that provided care for Sam2Sam were deaf themselves. One person said, "I had lots of friends but had lost contact [Provider] encouraged me to get out again. It's been fantastic I have established old links."