

Ely Diocesan Association For Deaf People (Cambridgeshire Deaf Association)

ELY DIOCESAN ASSOCIATION FOR DEAF PEOPLE (Cambridgeshire Deaf Association)

Inspection report

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Date of inspection visit:
29 July 2021

Date of publication:
20 August 2021

Ratings

Overall rating for this service

Outstanding 

Is the service safe?



Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

ELY DIOCESAN ASSOCIATION FOR DEAF PEOPLE (Cambridgeshire Deaf Association) is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a service to older adults and younger adults primarily living in the Deaf Community, but they may have dual diagnosis. At the time of the inspection 10 people were supported by the service.

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

People's care and support needs were totally centred on the person, and staff responded to these in a very individualised way. People's lives were enriched by staff whose communication skills were innovative in opening up a world to people so they lived a fulfilling and meaningful life full of opportunities.

People's care was compassionate, respectful, and staff were innovative in promoting independence at every opportunity. People had privacy when needed and their communications were listened to. People's advocates ensured their choices were always acted on, and they helped uphold people's confidentiality.

People and staff communicated with each other in a way which ensured equality and diversity was an embedded part of people's lives. People told us how staff had an excellent understanding of treating every person equally well. Staff used reflective practice sessions and people's life stories to help ensure every person's life was filled with interests, pastimes and daily living tasks based on the person's choices.

People were protected from harm, or the risk of this, by staff who knew how to identify and report any potential abuse or risks to people. One person told us, "I have my medicines three times a day. [Staff] prepare them for me and make sure I take them."

Enough safely recruited staff with appropriate skills helped ensure people's needs were met. Systems and staff training about infection prevention and control (IPC) meant any risks for spreading infections were minimised. Lessons' were learned and shared amongst the staff team.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One person told us, "[Staff] show me different options for meals, but I choose what I am going to eat." Staff received training in a range of subjects related to people's care; staff knew people well by meeting their assessed needs.

Concerns were acted on before they became a complaint and compliments were used to identify what

worked well; this helped ensure good practise was sustained. Process and policies were in place should any person require end of life care.

The registered manager understood their responsibilities. Staff were supported in their role to be open and honest by promoting the provider's values. People had a say in how the service was run and managed. Quality assurance procedure and oversight of the service was effective in driving sustained improvements. The provider worked well with others involved in people's care to help ensure their care was joined up.

Rating at last inspection

This service was registered with us on 31 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

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

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.
service.

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 safe findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

ELY DIOCESAN ASSOCIATION FOR DEAF PEOPLE (Cambridgeshire Deaf Association)

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

This inspection was carried out by one inspector. We also used an interpreter with skills in the use of British Sign Language (BSL). This was so we could understand what people and staff told us.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 four days' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection. This was as well as ensuring people could consent to us speaking with them.

Inspection activity started on 14 June 2021 and ended on 29 July 2021. We visited the office location on 29 July 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. 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 this information to plan our inspection.

During the inspection-

We spoke with four people who used the service with the help of a BSL interpreter. We spoke with four staff including the registered manager and the chief executive officer. We received feedback from two people's relatives and three staff via email. We received feedback from two health professionals and also 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 reviewed a range of records. We looked at two people's care records and one staff file in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, incidents, staff training and supervision planning records and medicines administration records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked to see various policies relating to safeguarding.

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

- Staff understood what safeguarding meant to each person they supported, and this helped keep people safe.
- Staff knew how to recognise and report any potential harm, such as to the local safeguarding team, and the registered manager.
- One person told us they felt safe because staff never rushed their repositioning and use of hoisting equipment. A staff member said, "When [person] gets anxious or worries about any changes, I reassure them by having chats about what is worrying them until they are happy and feeling safe again."

Assessing risk, safety monitoring and management

- Risks to people including for health conditions, falls, equipment and accessing the community were identified and well managed.
- People's risk assessments were detailed and staff knew how to mitigate risks to people. Examples included ensuring their diet was appropriate, support with cooking, and the use of bed rails for people at risk of falls. One person told us, "[Staff] help me with my hoisting. They make sure I am safe, keep my arms and legs in, and check to make sure they don't trap the hoist controller power cable."
- A relative told us how their family member was supported to take risks but in a safe way, such as accessing the community with some staff support.

Staffing and recruitment

- Suitable staff were subject to a robust recruitment process. Checks as part of this included employment history, if there were any criminal records, photographic identity and evidence of staff's good character.
- Records, and audits for staff recruitment, showed appropriate checks had been completed. One relative told us, "[Staff] are very reliable. Their shift pattern gives 24-hour cover." A staff member said, "One thing we do as part of our role is to provide person centred care, without rushing."
- The provider told us in their PIR how their staff rostering and planning system matched staff skills with people. We saw how staff gave people every opportunity to be independent but stepping in when support was needed.

Using medicines safely

- People's prescribed medicines were administered and managed safely by trained and competent staff. One staff member told us they had regular updates to their medicines administration training.
- Staff completed people's medicines records accurately, and they adhered to guidance for as and when medicines, such as for pain relief.

- A relative said, "The staff record all medication requirements and the records are regularly audited by the team leaders."
- Where medicines errors occurred, prompt action was taken to ensure people were safe, such as contacting a GP for advice and reminding staff about their responsibilities.

Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including participating in the COVID-19 testing programme.
- Staff adhered to their infection prevention and control training and guidance, and correctly wore and used the personal protective equipment to help prevent the spread of infections.
- All procedures around COVID-19 were explained to people and staff by videos using British Sign Language (BSL) via the provider's electronic communication system. This ensured staff were fully aware of processes to minimise risks. One person told us how staff always wore their face visor and washed their hands frequently.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred and took action to help prevent recurrences.
- Lessons were learned and shared amongst the staff team. One staff member told us "[The provider] is very open with us and encourage learning from mistakes when they happen."
- The registered manager told us how they reviewed and investigated incidents, concerns or where there was potential for an incident. They analysed this information for trends and ensured processes were changed to help prevent recurrence.

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

- A comprehensive assessment of people's needs was undertaken based on national standards of communication for deaf people.
- Staff with the right skills met these needs effectively in a way which was free from discrimination. A relative said, "All the staff are well informed and familiar with our [family member] and their needs."
- One staff member told us "I have built some wonderful rapports. I see people on a regular basis which means I understand their needs and I get to know their characters, their personalities, their habits and their preferences too."
- We saw how well staff understood what people told or communicated to them, and what difference this made. For instance, one person was given support based on their health condition with assistive technology that enabled them to communicate.

Staff support: induction, training, skills and experience

- Staff received training, mentoring and support in their role according to people's needs and they were matched as far as practicable to the people they supported and cared for.
- Other means of supporting staff included regular supervision and checks of their knowledge. For one person we saw how well staff knew exactly what they were communicating by using BSL and other types of sign language due to the persons other disabilities.
- One staff member told us they had regular supervision and they found these "extremely helpful", and helped them reflect from one session to the next, and noticed improvements and changes for the better.

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

- People were, as far as practicable, supported to eat and drink independently and be supported to make healthy choices.
- One person liked to go shopping with staff and another liked to plan their meals for the week for on-line shopping. The person showed us how they planned their meals, with some prompts from staff, with a range of different meals each day for a balanced diet.
- Any risk associated with people's food and drinks was managed safely, such as for allergies, choking, food in a soft format, and adapted drinking and eating utensils. One person said, "I always have enough to eat and drink and I go out for meals too."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with specialist involved in people's care including for physical and learning disability specialists, assistive technology, sensory services and speech and language therapists.

- Learning was had from these specialists and working together to ensure deaf awareness was promoted by raising knowledge of BSL across local services.
- One specialist praised the staff for their achievements and transforming a person's life following a health condition. The specialist said, "I thought the work had been achieved well, and it had very much been person centred." This meant the person was still able to communicate well with staff.

Supporting people to live healthier lives, access healthcare services and support

- Staff and independent advocates supported people to access and attend healthcare appointments.
- The registered manager ensured that people's health needs were safely interpreted. This was to ensure all the person's health needs were identified and acted on, both for privacy and access the health services.
- For instance, one person had consented to staff helping them communicate where health appointments were held over the telephone. This meant people's health needs were acted on promptly. The person had stated, "They remind me what nurse and GP said to me, and explain things in BSL so I feel happier."

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.

- Staff were highly skilled and confident applying the MCA for each person and obtaining consent, even where a person's disability or other impairments made this very difficult.
- Staff told us how they supported people to understand their choices, and make decisions in the person's best interest by adapting their communication style to meet the persons requirements. For instance, more visual use of BSL, acting, pictures and pointing to objects. One staff member told us how they explained to a person the importance of getting enough rest and sleep to be able to make informed decisions.
- The provider told us in their PIR how they had created the 'Deaf card'. This document explains a deaf person's rights under the Accessible Information Standard and the Equality Act 2010. Many people now used this card themselves so they could self-advocate their requirements, leading to greater independence.

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The registered manager was very knowledgeable and experienced working with the Deaf Community. They ensured that people could attend events that were important to them and continue or develop relationships. For one person this meant they could live a normal a life as possible.
- People and staff were able to communicate with each other including with electronic devices. This meant there was a real understanding and empathy in the staff group about the challenges people faced in day to day life. One person was very proud to show us how they used their communication device to assist them because of a health condition. This meant the person still had a real say about all aspects of their life.
- Staff had exceptional skills in understanding what people told them. They were acutely aware of any changes in people's emotions. One person used different pictures so they could pick one for how they felt, and what actions were needed to help them feel happier. Pictures included staff smiling or laughing or the weather and working out why the person felt the way they did. This also meant that the person's negative thoughts were acted on to help prevent these becoming a normal pattern.

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

- People were made to feel they really mattered. We saw throughout our inspection how well staff knew each person, communicated with them, and ensured they got the support they needed. One person told us, "I feel involved in my care plan and I feel [staff] know what I need, and they update my (care plan) about the changes I want to make. I feel really good. I feel I am now getting the care and support I need. Support from [the provider] is excellent. [Staff] wear visors so I can see what they are saying to me, so I make the choice."
- Each person also had a formal advocate to ensure any personal matters such as relationships, health conditions or financial decisions were acted on. For one person this meant the advocate assured them they had the financial ability to purchase these items to be supported to buy paint and redecorate their home. The person was so overjoyed they had literally danced in their wheelchair in tune with music staff were playing. This was something they had never done before; such was their joy.
- The registered manager told us, "The biggest thing for me is when I go into the person's home, and all I can hear is laughing. If someone did not feel listened to, I would do a BSL video to ensure all the staff are aware. We also saw people's positive interactions with staff joking and laughing together.
- One person told us how staff supported them to attend events based on their religion whatever their means of mobility were. People were then able to meet with their friends and discuss their religion in private. People also used video messaging to attend events virtually during the pandemic lockdowns. This meant people could still attend events based on their faith, thus improving their wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was at the heart of everything the service did to support people to live an independent and meaningful life.
- For one person this meant staff allowed them a private life to live the way they wanted to. A staff member said, "I give [person] privacy when telephoning or seeing their [friend]. I also ensure any event or place they go to is accessible as they use an electric wheelchair." For another person, their chosen gender of staff was always met.
- Relatives we spoke with praised staff for how well they enabled people to live independently. One relative told us, "[Family member] has time out in their room when they wish. Assistance with showering and toileting is done with as much dignity as possible."
- Staff knew people so well, gave them as much time as they needed and only had to step in when the person had finished telling them exactly what support was needed. We observed how well staff had bonded with people, and the positive interactions which benefited people's independence. Not just with communications, but also to be part of the local community. One person told us, "I love the service I get. I am going out this afternoon to see some friends. [Staff] just help me get there."

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received a unique service from staff who communicated fluently with BSL, other sign language, pictures, objects of reference and communication devices. Staff's passion about ensuring they fully understood people's needs, enabled people to communicate exactly how they wanted to be cared for and supported, such as through a mobile phone Application.
- The registered manager was passionate about ensuring all staff, and management, were native BSL users, or were fully immersed in the Deaf Community. This led to a better cultural awareness of people's needs. For one person they had been able to express themselves in a way they wanted and attend social events with their peers.
- People's care plans were accessible, and staff either interpreted these, provided them in alternative formats or let people use their technology. One person told us how staff had used sign language to teach them skills to make things for themselves. Staff had taught the person how to vary their favourite breakfast choices and the person loved making their own breakfast of cereal with hot milk.

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 registered manager and staff team had a full understanding and were exceptionally skilled, using a vast range of communication strategies. These included translating documents into BSL, hands on and manual sign language, video calls, text message, email messenger and assistive technology. This meant a removal of barriers for deaf people to ensure that they have equal access to services as everyone else and their communication needs were fully met.
- This is what we found happening, including staff who were highly skilled communicators interpreting and using various different types of sign language in addition to BSL.
- Our observations and records viewed showed us the difference this made to people's lives. For one person their life had been transformed from one where no staff communicated effectively with them, to having a world opened up to them. Their relative had fed back to the provider stating, "It's great seeing the old happy cheerful [person] back. The [provider] has done a great job with them. They sign more which is great which they lacked at their old place. This means I have to catch up with my sign language now."
- Healthwatch told us how inventive the service had been in supporting people when they couldn't do face

to face meetings by using online forums. The provider had also worked with a TV presenter to do a BSL signed exercise class for older Deaf people struggling at home because of the pandemic. Healthwatch told us, "They've also done a lot to ensure the Deaf Community are kept informed of changes to COVID-19 regulations as they've been updated. We also know they work hard at making sure people can have their say no matter how they communicate."

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 lives were transformed by staff who had an embedded understanding of all the finer points of people's lives.
- One person told us how they went to church or the church could be brought to them virtually by video. Another showed us their successful DIY projects.
- Another person's life had changed for the better from unhealthy dependencies, and needing medications to sedate them, to living a life free from these. The person now led a normal life doing many different pastimes and told us, "We do DIY, and I like to help make tables, shelves, and other wooden projects with [staff]. They give me all the time I need and I like to learn woodworking skills. I trust them with my life."

Improving care quality in response to complaints or concerns

- People were supported to be able to raise any concerns and these were acted on. The registered manager said, "We encourage comments and complaints from people and their families, which can be done via video call or face to face if they would prefer to do this in BSL rather than written format."
- One person told us, "I feel listened to. I would contact [registered manager] but I have never had to complain. There is also a team leader who I can contact if I am worried about anything. I use text messaging to contact [provider]. I had a review of my needs recently. Every Monday we go through what is working well and any changes I want to make."
- Analysis of concerns and complaints helped identify areas for improvement. The registered manager checked to make sure changes made would prevent further, or similar, concerns being raised.

End of life care and support

- At the time of inspection no person was in receipt of end of life care. Although, policies and procedures were in place to support any person who might need this care.
- Staff had training in palliative care, and on previous occasions the registered manager had liaised with MacMillan nurses in having anticipatory medicines, and ensuring people's cultural and religious choices were respected.
- Care plans included details of discussions with people and if they wanted to make decisions for end of life care. These decisions had been respected. A relative told us, "Procedures (for end of life care) are firmly in place to communicate with us, team leaders and senior management."

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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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 understood how to provide a quality and safe service.
- There were robust processes and systems in place to ensure that the risk of things going wrong were minimised, but also effective actions taken to act if things did go wrong, such as for medicines administration errors.

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

- People were at the centre of everything the provider did, and staff with relevant communication skills helped maintain this situation.
- The registered manager and most staff were fluent in BSL. This meant that people were given the support they needed when it was needed with appropriate views of care taking place to reduce the need for any unnecessary controls.
- The registered manager promoted a very person centred approach to the care they provided which included people and their families. For one person this meant they now maintained excellent health and good personal hygiene.
- We found the person was now able to communicate well. Staff had helped transform their life into a full one doing lots of things they had not previously done. For example, going to a pub, meeting peers and having some fun. A relative told us, "[Family member] now has a massively improved lifestyle. their communication using BSL has improved so much because all staff use the system. They are very well supported to enjoy activities outside and they enjoy the best life they can."

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

- There was a range of support mechanisms in place for the registered manager and staff team. These included regular staff meetings, supervisions, observations of staff's performance, and staff being able to shadow working with experienced staff.
- The registered manager understood the importance of being able to use BSL fluently for everything to do with supporting the staff team by having a wider understanding of deaf culture. These skills in helping staff fully understand their role enabled open and fluid communication with everyone.
- The registered manager had support from the provider on a regular basis. This included the latest information about support for Deaf people, and any changes in COVID-19 guidance.

- One staff member said the registered manager always listened, was passionate about the service and open to encourage learning from mistakes when they happened. The staff member told us they were always encouraged to have the same level of care and go to all lengths for people and staff alike.

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

- People, relatives and staff had all possible avenues open to them if ever they wanted to improve or change how people's care and support was provided.
- People's views were gathered through various methods to ensure nothing was missed. For example, BSL communications, technology, e-mails, advocacy and meetings with the registered manager. One person told us, "I now live a life I should have done years ago. [Registered manager] really does listen and acts on what I tell them."
- The registered manager ensured specific language was used by staff around inclusivity, empowerment, equality, and people being first and foremost.

Continuous learning and improving care

- Audits, quality assurance processes and governance arrangements were effective in identifying improvements. Actions taken had been effective in preventing the potential for recurring themes.
- Staff demonstrated the provider's values, and understood what was expected from them, by being open to learn from mistakes without fear of repercussions. A relative told us the registered manager was "amazing and goes over and above". This was to ensure their family member was happy and appropriate communications were met.
- The provider had an electronic staff feedback system to collect positive feedback about each other and recognizing achievements. The provider told us, and we saw how passionate they were about delivering high- quality care and person-centred support, and achieving this by ensuring staff and management team provided consistently high quality care.

Working in partnership with others

- The registered manager worked with a vast range of professionals involved in people's care and support including occupational therapists, safeguarding teams, GPs and learning disability organisations.
- They advocated the requirements of BSL interpreters when people had external meetings or appointments and worked with other professionals to arrange this to ensure that they had full access to communication.
- A relative told us how well joined up working had transformed their family member's life saying, "We have confidence that our [family member] will continue to be supported by a caring professional and well run organisation, even when we can't help do that. We are immensely grateful for [provider] and hope they go from strength to strength."