

Cheshire Deaf Society







Deafness Support Network

Inspection report

Stepping Stones
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Cheshire
CW9 5H
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Date of inspection visit: 29th October 2015
Date of publication: 24/12/2015

Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Requires improvement	
Is the service well-led?	Requires improvement	

Overall summary

We inspected this service on 29 October 2015 and gave short notice to the provider prior to our visit.

This domiciliary care service is owned by Cheshire Deaf Society and is registered to provide personal care to adults who have a sensory impairment. The agency provides services to twenty-four adults who are D/deaf and may have dual sensory impairment; learning disability; physical disability or mental health diagnosis. The service is situated in Northwich, close to local shops. The service is provided to people living in their own

accommodation, rented through a partner landlord. This arrangement is often known as 'supported living'. At the time of our inspection there were 23 people who received a service.

The word Deaf (with a capital D) is used to denote an individual whose first language is British Sign Language (BSL), while the term D/deaf is widely recognised by care

Summary of findings

service professionals and refers to everyone with a hearing loss which includes Deaf, deaf, deafened and hard-of-hearing. D/deaf will be used throughout this report.

There was a registered manager employed to work at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were well supported by the staff team and that they were kind towards them.

Care plans were available for all of the people who used the service. These included sufficient information to enable staff to meet people's needs. Also included were risk assessments, how the individual communicated and a health action plan. Some care plans and risk assessments were not up to date and a recommendation was made regarding these.

Recruitment systems were in place and pre-employment checks were carried out. Staff received a full induction to understand their role and to ensure they had the skills to meet people's specific needs. However some documentation was not available or missing and the registered manager stated they would review this area.

People told us they felt safe and secure. People received care and support from a team of established care staff who knew them well. Staff were aware of safeguarding procedures and were confident they would report any concerns.

Staff had a full understanding of the specialist care and support people required. Training and support for staff was undertaken and focused on the specialist needs of people using the service.

Staff told us they were supported by the registered manager. Staff had regular staff meetings with their line manager as well as an annual appraisal.

Some audit processes were in place to monitor and manage how care and support was being delivered and took account of accidents and incidents, as well concerns and complaints. Further audits with regard to care plans, medication and service user falls would be of benefit and a recommendation was made.

A complaints policy was available to people who used the service and no complaints had been received since the last inspection. CQC had not received any complaints regarding this agency.

Summary of findings

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 safe.

Staff had an understanding of what was needed in order to keep people safe and were knowledgeable about what to do if they had any safeguarding concerns.

Recruitment procedures were in place, however, some information was unavailable. There were sufficient numbers of staff available to meet people's needs.

There were systems in place to enable staff to support people with their medicines safely.

Good



Is the service effective?

The service was effective.

People received support from a consistent staff team who knew their needs well. Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's specialist needs.

People were supported with their health and dietary needs as needed.

Staff were aware of the Mental Capacity Act 2005 and how this impacted upon their day to day work. People were involved and supported to make decisions about their care and support.

Good



Is the service caring?

The service was caring.

People told us that staff were kind, considerate and supportive.

People were treated with dignity and respect and support was provided in line with people's wishes. Staff supported people to maintain and develop their independence.

Good



Is the service responsive?

The service was not always responsive.

People received support that was based around their own wishes, preferences and choices. Staff supported people to access the local community as well as maintaining contacts with friends and family. Care plans were not consistently up to date.

Requires improvement



Summary of findings

Risk assessments were in place for a range of situations, however, some documentation was not up to date and assessments were not always followed by the staff team.

People knew how to make a complaint and had confidence that issues would be resolved.

Is the service well-led?

The service was not always well led.

There were some processes in place to ensure that the quality and safety of the service was reviewed, however improvement in this area was needed to reflect a full audit system in place.

Staff said that they were supported and valued by the registered manager and that the registered manager was approachable adopted an open door policy.

Requires improvement



Deafness Support Network

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 29 October 2015. We gave short notice to the registered provider because the location provides a domiciliary care service and we needed to be sure that someone would be available for our visit. The inspection team consisted of two adult social care inspectors.

We spent time at the service looking at records. This included four people's care and support records, four staff recruitment files and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

The provider completed a Provider Information Return (PIR) as requested. This is a form that asks the provider to give key information about the service, for example, what the service does well and any improvements they intend to make.

We contacted the local authority safeguarding and contracts teams for their views on the service. No concerns were raised about this service.

On the day of our inspection we observed staff supporting people who used the service. We spoke with four people who used the service, the registered manager and three staff.

Is the service safe?

Our findings

People told us that they felt safe and comfortable with the staff and that they had the support they needed. Comments included “I like it at Stepping Stones, yes I feel safe” and “I feel comfortable with the staff here.”

We spoke with staff about how they protected people from harm. Staff explained their knowledge and understanding of safeguarding people from abuse. They gave examples of types of abuse that could occur and how they should protect people they supported. Staff said “I look for any unusual marks on people” and another person said “Changes in people’s behaviour could be an indicator of abuse.” Staff confirmed they would report any concerns to their line manager and they were aware of the provider’s whistle-blowing policy. The registered manager had a copy of the local authority’s policy and procedure on safeguarding vulnerable adults. They stated that no safeguarding referrals had been made since the last inspection. “Low-level” safeguarding concerns were recorded and sent to the local safeguarding team each month. Records confirmed this. “Low-level” concerns were incidents that did not meet the safeguarding threshold for reporting as a safeguarding referral but were appropriate to be notified as a concern. We contacted the local authority safeguarding team and they confirmed they had no concerns regarding this service.

Personal emergency evacuation plans (PEEPS) were in place for all people who used the service and staff were familiar with them. These included clear information on how to support each person in the event of evacuation being required. People’s accommodation had visual fire alarms fitted and people had vibrating pads which could be used during the night to alert the person of an emergency.

People said they were happy with the level of support they received. They said staff were “kind”, “nice” and “helpful.” Staff rotas indicated who was on duty across the day and night and we saw that this varied in line with the needs of the people who used the service.

Staff explained that people were supported with medication administration. Each person had a locked

cabinet within their own flat. A bio-dose system was used which meant that each medication was contained within a sealed pot and on each “tray” of medication details of the individual were seen. This included their name, photograph and date of birth which assisted the staff to ensure medication was given to the correct person. Each person had a medication information chart which included pictures of the medication, dosage instructions and administration times. Medication Administration Record sheets (MARs) were signed following administration to each person. Within people’s care plans an information sheet showed a list of medication, its use, dosage and time given. It also showed how to take the medication and noted when medication had been discontinued and why this had happened. In one example a person was using a cream for dry skin, it indicated where it was to be applied and how often. This meant that good medication administration processes were in place. Staff told us they had undertaken medication awareness training and records confirmed this. They explained that there was a good rapport with the local pharmacist and that they delivered medication when required.

A staff member explained that all information in the recruitment files had been scanned and were stored on the computer. We reviewed four files and saw that some information was not available. This included one application form, and references for two staff members, one of which was on the computer but the document was corrupted and could not be accessed. However, the other files were complete and included applications and two references. All files included identity checks and up to date Disclosure and Barring Services (DBS) checks. The registered manager confirmed that DBS checks were undertaken every three years as a good practice measure. Other documents included a contract of employment, interview questions and details of training undertaken. We noted that many staff had worked for the service for a long time and some had worked as bank staff before becoming permanent staff members. Care should be taken to ensure all relevant documents are scanned and accessible on the system. The registered manager agreed to review this process to ensure all relevant information was available.

Is the service effective?

Our findings

People told us they were supported to make meals and had support to access local healthcare professionals as they needed. People said “I have been cooking myself, I’m getting more confident, [staff] helps” and “Yes, staff support me and I like the food”, “Yes I like the food and am happy here” and “[staff] come with me when I visit the doctor.”

Care plans documented people’s likes and dislikes, for example, one person had indicated “I especially like cheese on toast and bacon sandwiches. I don’t particularly like soup or pot noodles.” Staff explained that they spent time getting to know people and that they knew their dietary preferences and these were incorporated into the menu plans. Staff said “We listen to people and know what they like” and “[name] is on a diet and the GP is involved in this.” Each person had an activity programme which showed what they were doing across the day and evening. We saw that people went to purchase food on different days and that some people prepared meals together. Within the tenants meetings food and meals were discussed and different “houses” agreed to different regimes, for example, in one “house” they decided that each person would choose the menu for a week. The following week a different person would choose. This showed that people could choose what they wanted to eat each week, and that they had agreed and communicated effectively with each other to provide an amicable solution to menu planning. Each person had a menu diary which showed the foods they had eaten each day. Most people had a snack meal at lunchtime and their main meal in the evening. People’s equality and diversity was promoted for example, some people had specific religious dietary needs and these were included in the menus and those people were supported to shop where their dietary needs could be met.

People were supported with their healthcare needs. Care plans contained information on people’s allergies, for example, one person’s plan stated “Not to be given live vaccine under any circumstances”. Staff told us that most people preferred to be accompanied to appointments at the doctors or hospital. Each person had a health action plan in place and a health monitoring sheet which showed when people had visited consultants and had other medical appointments. Where a person was taking regular medication an annual review was undertaken by the GP. A staff member showed how they protected someone’s

rights, when a GP wanted to do an examination of a person. The staff member felt that this would be too distressing for them, but the individual was unable to give their consent. The staff member said that if this was essential to do this then they needed to discuss this with all involved in the person’s care; to look at least distressing way possible; and to ensure it was in the person’s best interests.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications were pending for a number of people which was appropriate. However for one person, there was no mental capacity assessment completed around supporting them to access their finances. Their risk assessment stated that “[name] does not fully understand that they need to manage their money so that when bills are due to be paid that they have enough money in the bank account to pay them.” Documentation to demonstrate that their capacity had been considered should have been available. It appeared from discussions with registered manager and viewing care planning documentation, that they were supported with this. However, it was not clear if this person has insight or just required low-level support? This was brought to the attention of the registered manager and they agreed to address this.

Staff told us that they enjoyed the training they had received and would like more. They said “I am trained as much as I can be”, “I’m always after more training” and “There should be more mandatory training.” Training records indicated that all staff had or were working toward British Sign Language (BSL) level 1 or 2. The registered manager said there was an expectation that people would

Is the service effective?

attain a minimum of BSL level 2 within two years of employment. The training matrix showed that some people required refresher training to be completed. A separate spread sheet was used to monitor renewal and expiry dates for courses and this was monitored by the senior staff. It appeared there was some discrepancy between the spread sheet information and the training matrix. The registered manager explained that it had been recently decided that the management support officers would enter key training details in future to ensure that both documents accurately reflected the current training situation.

Staff told us they had undertaken an induction at the beginning of their employment. The induction pack included a booklet that people worked through and covered information staff required to undertake their job role. The registered manager also confirmed that people shadowed other experienced staff members for the first two weeks of employment to help new staff become familiar with the people that were supported by the agency and the general routines of the service. Each staff member was given a copy of the employee handbook at the start of their employment and staff confirmed they had received a copy.

Records showed that staff had an annual appraisal as part of their personal development and staff confirmed these were undertaken. We saw that regular staff meetings were held each month and the agenda included set issues that were discussed each time with the option of additional issues being included. Each part of the service was reviewed with actions to be taken noted. For example, one person they supported appeared to not be eating or drinking well. The action identified was to produce a meal plan for this person and to refer to the dietician if no improvement. The senior staff also met every four months. Issues discussed included office tasks, staffing, tenants and any other business. Formal staff supervision, where staff could meet one to one with their supervisor was not apparent at the service and no records were available. However staff said that day to day supervision was good and that they could approach senior staff if they had a problem. Staff said "If I had a problem, I would tell them", "I have had supervision once" and "I have had two supervisions in the last two years." This was mentioned to the registered manager who agreed to look into this.

Is the service caring?

Our findings

People told us that they liked staff and that they were caring; “staff are nice, [name] is nice”, “Yes, I like staff”, “[name] is good, and so is [name]. I also like [name]”, “I like stepping stones”, “and Yes I like it here”. We observed staff interacting with people who used the service and saw that they were kind, patient and respectful. The atmosphere within the service was warm and friendly and people appeared happy and content.

People’s cultural needs and differences were well catered for by staff who showed care and compassion towards the tenants. Care plans showed where people had specific cultural needs these formed an integral part of the care planning process. For example several tenants had cultural needs that impacted both on how they were supported with personal care and their dietary needs. These were clearly documented in the care plans and during staff discussions they were aware of these needs and how they could be met.

Within the provider information assessment the registered manager stated that communication was key at all times. Ensuring that staff followed the wishes of the tenant, but more importantly checking with the tenant what they were doing and to see if they were happy with this. All staff were required to achieve NVQ level 2 in care and part of this qualification required staff to demonstrate how they

protected a person’s dignity. Within the service this was discussed during team meetings with the staff about how tenants should be treated, as they would like to be treated, that is, with respect and compassion. Records confirmed these issues were discussed.

Interactions between staff and people who used the service showed that staff were caring and patient in their approach. Staff spoke fondly of people and it was evident that there was a good rapport. Staff told us that they would respect people’s dignity during personal care interventions, ensuring that “doors are closed” and that care needs are managed discreetly if out in a public place. One staff member acknowledged the challenge and importance of supporting people who can display behaviours that may impact upon their own dignity and the dignity of those around them, “We have to ensure their privacy is also maintained.” Staff demonstrated a good understanding of people’s needs and their personal histories. All staff had or were working towards a minimum of British Sign Language (BSL) level 2 which enabled them to communicate with people and offer reassurance when people became anxious and needed support.

People had been supported to access a local advocacy service where appropriate, for example if they did not have family members to support them. At present no one was using an advocacy service.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. People told us of the tasks staff supported them with and these included cleaning their flats, cooking, making the property safe before leaving and going out and about in the community. People said “They [staff] help me if I want to go out”, “Staff help me make drinks for myself” and “They [staff] help me with shopping and cooking.”

We reviewed four people’s care and support plans. We saw care plans were personalised, pictorial and contained relevant information. They contained risk assessments, health action plans and care plans. Also included was a document called “All about me” which was a workbook for person centred planning. Within this document it showed who was important to the person, what they did during the day, what they would like to do, what they don’t like to do, what’s most important to them, and what things need to stay the same. For one person the things that needed to stay the same included the person’s daily routines, the support they received, visiting their family and consistency from the staff team. Also documented was what was a person’s ‘usual behaviour’ and what this looked like, for example for one person it was that they “Nod head forward if tired”, “I tend to make loud noises, for example when trying to point something out or if I feel upset”.

Most care plans contained up-to-date information that enabled staff to deliver the appropriate care and support to people. However care plans also contained some out-of-date information which provided conflicting information to updated care plans. Some information had not been transferred to current documents and this may have impacted upon staff accessing relevant information about a person. We spoke with the registered manager who acknowledged this and told us that care plans would be reviewed to remove out-of-date information.

There were risk assessments in place which were personalised and outlined the risk and the response that should be taken. Some risk assessments were not always up-to-date and staff did not always follow these. One example involved a person who had fallen seven times over four months and the risk assessment stated “staff are not to lift [name] off the ground. Must seek assistance from emergency services”. However accident and incident reports showed that medical assistance had only been sought on three occasions. On five occasions staff had used

a technique using a towel to pick this person off the floor. Documentation didn’t indicate if support from the local falls service or an occupational therapist had been requested and a discussion with the registered manager confirmed that neither was involved. There was no evidence of a falls analysis being completed. The registered manager said that this person tended to have more falls when they had a urinary tract infection (UTI), however, this information had not been incorporated into the risk assessment. Some risk assessments were duplicated in the files and it was not easy to distinguish between the new or older ones. For example an older assessment for one person gave non-specific information around the use of restraint. However a newer assessment gave clear instructions on how to support them and was much improved. The registered manager agreed to ensure files were reviewed and only current information left available and a recommendation was made regarding this.

A total communication approach was in place as people used a variety of communications methods which included British Sign Language, symbols, pictures, gestures, lip reading, body language, facial expressions and sometimes the person would take the staff member to something or show them something. How a person communicated was well documented in the care plan. For example one person’s communication plan stated “when you ask me a closed question, sometimes I say no when I mean yes”, “I need access to British Sign Language/visual communication”, “I have a very limited recognition of words”.

Within the provider information return the registered manager explained that there had been considerable changes in the way the service was delivered to reflect the diverse needs and abilities of the people they supported. They considered it was very important for people to reach their full potential and live as independently as possible. This included spending more one to one time with people and ensuring that people’s specific needs were met. For example one person loved to go horse-riding and a staff member accompanied them each week. Another person liked to go walking with a dog and staff supported them to achieve this. Other activities people enjoyed included walks in the forest, going swimming or to the gym, all of which have been supported by staff.

People told us they didn’t have any concerns or complaints about the service. People said “I would speak to [name]

Is the service responsive?

registered manager”, “I would speak to staff” and “I would tell someone if I wasn’t happy.” Each person had a copy of the complaints policy within their care plan file. We saw there was a pictorial version also available for people. The registered manager confirmed that formal complaints would follow the registered provider’s complaints policy,

however, they hadn’t had any formal complaints since the last inspection and we had not received any complaints about the service. An “informal” complaints book was used and outcomes and actions taken were noted.

We recommend that the registered manager ensures that care plans and risk assessment documentation should be reviewed to ensure they are kept up to date and accurate.

Is the service well-led?

Our findings

The registered manager had been in place for 11 years and she had worked for the registered provider for 12 years. People said they knew who the registered manager was and that she was always available and approachable. Staff said the registered manager was supportive and that the service was well led by her. Comments included “[name] is very approachable”, “[name] is fabulous”, “She gives great guidance” and “She is very supportive and valued.”

In the provider information return the registered manager said that she had an open door policy and this was reflected by the comments made by people who used the service and the staff team. The registered manager went on to state that having an open door policy gave staff confidence that they could call in anytime they should need her and that she would be interested and listen to what they had to say. The registered provider had recently employed a compliance administrator who will focus on ensuring that the service is up to date with paperwork and in the future will work with the senior staff to improve paperwork and working practices where possible.

People told us their views were sought through tenants meetings and surveys. Tenants meetings were held each month. Records showed that each tenant had the opportunity to discuss any issues that they had. General issues were also discussed during these meetings, such as issues with the building (which the agency supported tenants to address as needed). Other issues such as meals and chores were also discussed. For example one issue raised was about who was doing the different chores each day as some were not being completed. An action note was added for staff to support people to decide who was doing which task each month. During the meetings tenants also discussed what they had been doing recently and what they had enjoyed. One person had enjoyed their birthday meal and another was looking forward to going to Blackpool soon. Actions from previous meetings were

reviewed at the following meeting. The last survey was over a year ago and one person commented “staff have asked me [to complete a survey] in the past.” The survey showed positive results about the support provided by the agency. The registered manager said that they were due to undertake a survey again.

The registered manager undertook a number of checks to ensure that the service was safe and that staff were providing good care. A quarterly health and safety audit was carried out and the last one was undertaken in September 2015. Comments showed where concerns had been raised, for example in one house there was no colour signs on the taps to indicate which was hot or cold water and there was clutter on the floor (which could be a potential trip hazard). This information was transferred to a job log which showed the problem, the initial action taken and when it had been completed and by whom. A fire risk assessment was in place and an action plan of improvements had been produced, however, no evidence was available as to the actions been carried out or completed. We brought this to the attention of the registered manager who agreed to action this. Accidents and incident forms were completed as necessary and a summary of these was completed. However, a falls analysis had not been undertaken. Regular audits of care plans, medication and service user falls were not completed and a recommendation was made.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We recommend that the service seek advice and guidance from a reputable source about a suitable audit system for the service.