

Cheshire Deaf Society

Deafness Support Network

Inspection report

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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

This inspection took place on 21 and 22 March 2017 and was announced.

The previous inspection was carried out on 29 October 2015 and was rated as requires improvement. Recommendations were made that care plans and risk assessments should be reviewed on a regular basis and that the registered provider should seek advice and guidance on a suitable audit system. An action plan was received which showed that improvements would be made. At this inspection we saw that relevant improvements had been made.

Deafness Support Network (DSN) provides personal care and support to people who are D/deaf. The support is carried out in their own homes. The agency provides support for up to twenty-four adults who are D/deaf and may have dual sensory impairment; learning disability; physical disability or mental health problems. The office is situated in the suburbs of Northwich, near to all the town's amenities and within easy access to main road networks. People live within one of four houses which are situated near to the office. At the time of our inspection there were 23 people using the service.

The word Deaf (with a capital D) is used to denote an individual whose first language is British Sign Language (BSL), whilst the term D/deaf is widely recognised by service professionals and refers to everyone with a hearing loss which includes 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. They had been registered with the Care Quality Commission for six years. 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.

At the previous inspection on 29 October 2015 we made two recommendations: that the registered manager ensured that care plans and risk assessment documentation should be reviewed to ensure they are kept up to date and accurate; and that the service sought advice and guidance from a reputable source about a suitable audit system for the service. We saw that improvements had been made and that care plans and risk assessments were clear and up to date and a new audit system was in place.

People told us they were happy with the service provided and that the staff were caring, kind and friendly. People said "The staff are good", "I have no complaints" and "Staff are kind."

Staff told us they enjoyed working at the service and providing support to people. They said they were supported by the team leaders and registered manager.

Care plans were person centred, well documented and up to date. They gave clear guidance to the staff

team. Risk assessments were undertaken for a variety of tasks and these were reviewed regularly and up to date. The management of medication was safe.

Staff were aware of how to report a safeguarding concern. They were aware of the policies and procedures available to safeguard people from harm and told us they would not hesitate to report any concerns.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). Care records demonstrated people's involvement in decision making. Mental capacity assessments were completed and best interest meetings took place when needed.

Staff had received a range of training that included moving and handling, safeguarding, medication and health, safety and fire. All staff had either to use British Sign Language as their first language or have attained BSL level 2 within two years of employment. A range of other training was available to the staff team. Staff told us that the training was good. Staff had access to supervision sessions, annual appraisals and were invited to attend regular staff meetings.

Staff recruitment files showed that robust recruitment processes were in place. Staff attended an induction process and staff told us that they worked alongside an experienced staff member to get to know the roles requirements. They confirmed the induction process was good and that they had the information they needed to perform their role.

People had access to information about the service. Some people said that they knew the information was in their care folder and some people had read this or had the information signed to them by the staff.

A complaints policy was available and each person had this information within the care folder. Processes were in place to deal with any complaints received.

Quality assurance processes were in place to ensure that support standards were being maintained and reviews of people's care were undertaken. Audits were undertaken in relation to the service provided and these monitored the services safety and effectiveness.

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.

Safeguarding policies and procedures were in place and staff were trained and knew how to make an appropriate referral.

Medication was managed safely.

Recruitment procedures and processes were robust and information was well presented and stored safely. Checks were in place to make sure that unsafe practice was identified and appropriately addressed.

Is the service effective?

Good ●

The service was effective.

Staff had a good knowledge of people's needs, preferences and wishes.

Staff had access to a wide range of training and undertook supervision sessions and annual appraisals. Staff induction was undertaken at the beginning of their employment with the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with the purchasing of food and meal preparation where detailed in their care plan and were supported with their healthcare needs when needed.

Is the service caring?

Good ●

The service was caring.

Staff approach to people was kind, caring and friendly. People were involved in all decision making and aspects of their lives.

A range of information about the service was available to people

in written, pictorial and BSL format. Advocacy was available and used when required.

Is the service responsive?

The service was responsive.

Care plans were person centred and gave very good details of people's support needs, preferences and wishes. These were well documented and up to date.

Each person had an activity plan which showed their preferred activities throughout the week.

People knew how to make a complaint and told us they would speak to the team leader or registered manager. No one had any complaints.

Good ●

Is the service well-led?

The service was well led.

A registered manager was in place and had worked at the service for 15 years.

People and staff commented on the culture within the service being open and transparent.

A range of audits were undertaken and these along with other information gathered were used to monitor and improve the service.

Good ●

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.

This inspection took place on 21 and 22 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection process.

The inspection team consisted of an adult social care inspector and a specialist advisor (SPA). The specialist advisor was a British Sign Language Interpreter. They supported the inspector by interpreting conversations held between the inspector and service users or staff whose first language was British Sign Language.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our planning of the 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. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service at this time.

On the days of our inspection we spoke with six people who used the service, the registered manager, the compliance administrator and three staff members. Staff members included senior care assistants and care staff.

We looked at a selection of records. This included three people's care and support records, three staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits,

complaints and compliments information, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe in the care and support of the staff. One person said I like to feel safe and having staff about helps with that. People said "I am happy here" and "I am safe, staff take care of us".

Staff told us how they would keep people safe and explained about the training they had received in safeguarding people for harm. They explained different types of abuse that could occur and that they would report any concerns to the senior person in charge. They said they were confident that their concerns would be taken seriously by senior staff and appropriate referrals would be made. No safeguarding referrals had been made since the last inspection. The registered manager explained that they telephoned direct to the safeguarding team to talk through anything they felt maybe low level safeguarding and took their advice on whether to refer or not. The safeguarding team had told them that if it wasn't a low level then nothing needed to be done. During discussions with staff we saw that they were aware of how to raise a whistle blowing concern and staff said if they saw something was wrong then they would report it.

Most people told us they had support with medication administration. This ranged from full support with all aspects of medication administration to people being 'prompted' to take their medication. One person said they were supported with their medication and that they received this at the appropriate times across the day. Another person said that they went to the staff when it was time for their medication. People's medication was stored in each individual person's room. The cabinets were kept locked. Medication administration record (MAR) sheets were in place which detailed the medication prescribed and the route to be taken and the time. Staff had signed to show they had administered people's medication. Staff told us that they had received medication training and were aware of the registered provider's policy on medication. Protocols were also in place for PRN 'when required' medications. This meant showed what the medication was for and how often it could be administered within 24 hour period. We saw that these protocols were up to date. Training records confirmed staff had received medication training.

People told us that staff were around when they needed support. We looked at the staffing levels and rotas for over a three week period. The rotas showed the staff that were on duty in each of the houses across the day, evening and where needed at night. The registered manager explained that some agency staff were used if needed but that usually the same group of staff were used. This helped to maintain continuity for people who used the service.

Staff told us about their recruitment processes and they said that "I was nervous at first, but became more confident" and "It was a good experience". Staff recruitment files showed that appropriate checks had been undertaken prior to staff working for the service. Two references had been undertaken, one of which was from the staff members' previous employer. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS was undertaken by employers to ensure that prospective staff members are suitable to work with people who used this service. Identity checks had been undertaken and copies of staffs driving licence, birth certificate or passport had been taken. Copies of questions asked at the interview and the staff member's responses were seen. This meant that the registered provider had good recruitment processes in place.

A wide range of risk assessments had been completed for people who used the service. These included assessments on fire safety; informed consent; morning and bedtime routines; mobility within the home; self-medication; personal care tasks; and going out and about in the community. A range of risk assessments were also completed for people's specific health needs. Risk assessments were specific to individual people's needs and were up to date.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service and were seen within each person's folder. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. Information included details of equipment used by the person and if assistance would be needed. Each person had access to a visual alarm system and used a vibrating pad under their pillow to alert them of danger if occurred during the night. Records showed that the PEEPs were up to date and regularly reviewed.

Accidents and incidents were recorded and analysed by the registered manager. Falls analysis were completed as needed and showed details of the fall; action taken and an action plan was produced to keep the person safe whilst encouraging them to be as independent as possible. The registered manager explained that accidents and incidents were also discussed at the executive management meetings which were held every two weeks. One person told us that they had fallen and fractured their hip. They explained that they had just stood up and lost their balance. On returning home after the operation they were supported well by the staff. The person said "The staff have been great" and he had made a good recovery and was now walking without a stick.

A fire risk assessment was in place which was undertaken in September 2016. Actions were made and the action plan showed that these had been completed with the date of completion added to the plan.

Is the service effective?

Our findings

People told us that the support they received from the staff team was effective. They said the staff knew them well and respected their needs and wishes in the way that they wanted to be supported and that they supported them out and about in the community. Comments included "The staff are okay", "The staff are good" and "The staff are nice."

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. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005. The registered manager explained that Court of Protection assessments had been carried out and where appropriate authorisations had been granted. Staff said they had received training in mental capacity awareness and deprivation of liberty safeguards and records confirmed this was up to date. Staff told us "All people are different and some people don't understand. Peoples abilities and how to support them are documented in the care plans" and "This is about where a person has the ability to understand the information or not. For example if they were having an operation, would they understand it and if not could we make it easier for them to understand."

People told us that usually the staff contacted healthcare professionals such as the GP when needed. One person said "If I am ill, I will tell the staff." People's medical conditions and medication requirements were included in the Health Action Plans (HAP). These showed detailed information on each person's health needs and how these would be met. We saw these records were up to date and reviewed regularly to reflect people's changing needs.

People were supported with the purchasing of food and preparation of meals where detailed in their care plans. Some people were able to prepare meals independently, whilst other people required support. People told us "I cook for myself, I have built up my confidence with this", "I eat my main meal with five other people I live with", "Sometimes I need support with cooking and the staff will help me." The registered manager explained that within one of the "houses" six people choose to eat together for their main meal and the staff support people with this.

Work has been completed in consultation with people who use the service and staff and a four week seasonal menu plan had been produced. The meals were in picture format to assist people in seeing what the meal would look like and for identifying the portion size needed. The menu plans included a list of

ingredients that would be needed to complete the days meals suggested and a list of alternatives was also made available if the person did not want that particular meal. The plan was centred round the people who lived in a particular "house" and reflected their wishes and preferences and included any specific dietary requirements. Records showed that the menus had been evaluated and menu improvement sheets had been completed. Examples showed where people had decided to have a take away instead or on a very hot day the meal was changed to a lighter version. Care plans detailed how to support people with nutrition and hydration. Details of meals eaten were recorded in the daily notes. Staff told us they were aware of people's preferences and that information regarding this was noted in the care plan.

People told us they thought the staff were experienced and were trained for their role. All staff had to either have British Sign Language (BSL) as their first language or to achieve BSL level 2 within two years of the start of their employment. Records showed that staff either had or were working towards BSL Level 1 or 2. Also some staff had BSL Level 4 and Level 6. Staff told us that they received the training and support they needed to carry out their role. Records showed that staff undertook a range of training. This included moving and handling, medication handling and awareness, first aid, food hygiene, infection control, safeguarding, MCA/DoLS, health and safety and fire marshall training. Staff said that they had undertaken the registered providers' mandatory and refresher training as needed. A range of other training was available to meet the specific needs of people such as awareness of epilepsy, diabetes and autism. This meant that staff had access to courses which related to specific conditions that people who used the service may have.

Staff attended an induction programme at the start of their employment. One staff member told us about their experience. They said that the induction gave them enough information to undertake their role. The induction pack and employee handbook were sent or emailed to new staff prior to their start date. This meant that they had information about the induction and service prior to starting work. The induction was completed over the first four weeks and information was completed and signed off within the induction pack. Records confirmed this. Staff said that they shadowed another staff member until they felt ready to work alone. Each staff member had a copy of the employee handbook which included a wide range of information about the company, terms and conditions and a range of policies and procedures. Records showed staff had received a copy of this. Staff received copies of key policies such as safeguarding, communication, complaints, data protection and email and internet use which they signed to say they had received, read and understood their responsibilities within these policies.

Staff told us they received regular supervision sessions and annual appraisals. They said they found the sessions "I have supervision about every six weeks, but I can go to the manager to discuss things at any time" and "Yes I have regular supervision sessions." Supervision sessions occurred regularly and records showed these were up to date. Staff were also invited and encouraged to attend staff meetings. Staff told us that they usually attended the meetings and they found them informative and could contribute if they wanted to. Records indicated meetings were held on a regular basis. This meant that staff had access to a range of support to assist them in their role.

Is the service caring?

Our findings

People told us that they were happy with the support they received and that staff were caring and responsive to their needs. They said that the staff group was usually the same people and this helped with the continuity of their support. Comments included "The staff are kind" and "[Name] is great."

Staff explained how they would support people and ensure that their privacy and dignity was maintained. Examples included when they supported someone with their money one staff member said they took the person to where their money was kept and with them checked that it was all there and correct. They talked to the person about keeping money and personal items secure and this helped to build up confidence between the staff member and the individual. Another example was a staff member who explained if they wanted to discuss something with a person then they would go to their room or flat and speak with them there to ensure privacy. Staff explained that they encouraged people to do as much as they could for themselves.

Staff described people's individual situations and how they supported each person with support that was centred on their needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the person and their preferences. For example one staff member explained that one person they supported needed to go to the GP, but didn't want to go alone as they were D/deaf and were concerned about potential communication difficulties. The staff member accompanied them and they appreciated the support. Information from the visit was recorded on the person's health action plan. This meant that the service provided individual care and support to people who used the service helped to ensure that person's needs and wishes were maintained.

People had access to information about the service. At the beginning of the service people received a copy of the tenants user guide. This was produced in large print, BSL and also available on a DVD. The registered manager confirmed that staff would also sign information to people if they preferred this. People also had a copy of the "house rules" which was in picture and large print format. This document included information on what was expected from each tenant and how they should respect other people's belongings, property and privacy. People signed to agree their compliance with the rules. The registered provider had produced a five year plan which stated "Our person-centred approach focuses on improving equality of access, life experiences and opportunities for D/deaf people, and drives everything we do." The plan details how they will deliver their vision for people who used the service.

We saw the service had received a range of compliments which were logged onto a database and shared with relevant staff members. Comments included "Thank you so much for your support", "Thank you so much for your guidance and pass on our sincere thanks to all at DSN", and "You do a marvellous job".

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs, that staff listened to them and supported them to remain as independent as possible. Comments included "If I am not happy with something I will tell the staff", "I will speak with staff if I have any concerns", "Staff are good" and "Everything is fine".

People told us they knew how to raise a concern with the service. All the people we spoke with had not made any complaints but said they would speak to the senior staff or the registered manager if they had a problem. People told us that they were aware of the registered provider's complaints procedure and this and the complaints form was printed in picture format. The complaints policy contained details of the complaints process and timescales for the progress of the investigation. Information on how to contact other organisations such as the Care Quality Commission (CQC) was also included. The registered manager kept a log of all complaints and told us there had been 10 informal complaints over the last two years. No formal complaints had been received. All complaints had been investigated and the outcome had been fed back to the complainant.

People told us about the support they received. They said that "The staff are good" and "The staff here are nice." They told us about how the staff supported them to remain as independent as possible and to maintain their social activities and be supported out and about in the community. One person told us that they were supported to go shopping, and staff helped them with preparing a list of food and supporting them with payments. Other people told us they had been on holiday and staff had supported them with this. They had enjoyed the holiday and were glad the staff had gone with them. We saw that each person had their own personalised activity plan which showed what they would be doing each day. Many people told us they attended the local disco or Warrington, Northwich or Chester deaf club each week and that they enjoyed socialising with other people who were D/deaf. Other activities people chose to undertake included visits to the pub for meals, socialising over a takeaway with other tenants, visits with family and friends, going swimming or to the gym, going horse riding and visiting the Tannery for a range of social activities or classes to build on people's life skills. This meant that people were supported to remain as independent as possible, follow their interests, to take part in social activities and to help to avoid social isolation.

At the previous inspection on 29 October 2015 we recommended that the registered manager ensured that care plans and risk assessment documentation should be reviewed to ensure they are kept up to date and accurate. We saw that improvements had been made and that care plans and risk assessments were clear and up to date.

We reviewed the care plan documentation and we saw that care plans were written in a very person-centred way. Person-centred care is a way of looking at and recording information that sees the people at the heart of the planning and developing care to make sure it meets their needs. At the beginning of each person's care plan was a one page summary which noted what was important to that person; what people like and admire about them; how to support them; and the activities they enjoy. This gave a very good overview of the individual and their needs, wishes and preferred activities. Information in the care plans included personal details and next of kin, general health and medical history, prompting with personal care and

support required and assessments to minimise risk to the person. We saw that these documents were up to date, had been signed by the person or their representative and had been regularly reviewed. We saw that people had given their consent for the care and support they received and had signed the care plans where possible.

A total communication approach was in place as all people were D/deaf 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.

A daily assessment form was used to record daily activities. Information included tasks undertaken, food and drink offered and taken and any observations by the staff were recorded. Each record was signed by the staff member.

Most people had been using the service for many years. We looked at the pre assessment process and saw that referrals were usually from the local authority. The registered manager would visit the person and obtain details of their needs and wishes and produce a support package tailored to meet those needs. If these were accepted by the person then a date to commence the service was arranged. Following the start of the package a support plan and risk assessments would be produced and discussed with the person using the service and their representatives as appropriate. Visits to the "house" would be encouraged and these would increase to an overnight stay or weekend stay and this process would be undertaken and the pace preferred by the person.

Is the service well-led?

Our findings

People told us that the service was well led and that the support from the registered manager and office staff was good. People said "The service is well led", "It's good here" and "The staff are good".

A registered manager was in post and had been registered with the Care Quality Commission (CQC). The registered manager had been in place for 13 years and she had worked for the registered provider for 14 years. People supported and staff spoke positively about the registered manager and said they felt supported by her.

People told us that they had regular contact with the registered manager and team leaders regarding reviews of their care and support. The registered manager explained that reviews were held every six months with the registered manager, compliance manager, team leader and key worker. These meetings are focused on the person and looked at what they were currently doing and how they were in regarding to health and welfare. They went onto explain that an annual reviews were generated by the person's social worker and that the person and if they wished their family members were included. Also the registered manager, key worker and team leader were involved.

At the previous inspection on 29 October 2015 we recommended that the service sought advice and guidance from a reputable source about a suitable audit system for the service. We saw that this had been undertaken and a range of audits were now completed. A range of audits were undertaken to ensure the safety, health and welfare of people are protected. Audits and other information collected were used to monitor and improve the service. Audits included medication, care plans, falls analysis, complaints, health and safety and accidents, incidents and near misses.

Different staff have responsibility for different audits, for example the medication is audited by the team leader on a daily basis, which is then reviewed and audited by the compliance manager on a monthly basis and the registered manager reviewed medication six monthly. Care plans are audited on a monthly basis by the person's two key workers. This is followed up with a meeting with the team leader. Any concerns highlighted are shared with the registered manager.

Detailed handovers are completed at the beginning of each shift and these included a written handover and a video in BSL of the handover so that D/deaf staff whose first language is BSL can look back at the video to clarify information.

Staff meetings were held with the senior team and support workers having separate meetings. These were held on a monthly basis and a range of information was discussed at each meeting. This included Learning disability framework; DSN's policies; care plans, health plans; risk assessments, complaints and AOB (Any Other Business). Records confirmed these were held on a monthly basis.

Tenants meetings were held within each "house" on a monthly basis. Records confirmed this. Each person was given the opportunity to ask questions, make suggestions and take part fully in the meeting.

Surveys were sent out to people who use the service and their relatives in October 2016. The responses were generally positive about the service. Some concerns had been raised about the continuity of staff and this had been addressed by the recruitment of six new staff members. The overall comment on the standards of the service was good.

The registered provider had a business continuity plan in place which included the type of risk, preventative measures and contingency arrangements for example what to do in the event of a fire, flood, electrical failure or contagious or infectious disease. Location of emergency evacuation plans, emergency contacts details were also included. This meant that the registered provider had considered the implications of a major emergency occurrence at the service and the steps needed to be put in place to manage this.

Policies and procedures for the service were available to the staff team. These were reviewed and updated as required. All staff were provided with access to the employee handbook when they started to work at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

From discussions with the registered manager we saw that the ethos of the service was open and transparent. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.

The previous rating was seen displayed at the service and on the registered providers website the latest rating and report was within the Supported Living Services page. If someone was looking for a placement and wanted to check DSN's report and ratings they would look at this section of the website.