

## Cheshire Deaf Society

# Deafness Support Network

### Inspection report

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Date of inspection visit:  
28 October 2019  
29 October 2019

Date of publication:  
14 November 2019

### 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?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

### About the service

Deafness Support Network (DSN) provides personal care and support for up to 24 adults who are D/deaf and may have dual sensory impairment; learning disability; physical disability or mental health problems. People live within one of four properties which are situated in Northwich close to the town centre. The main office is situated in the largest of the properties. 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.

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

People experienced exceptional individualised care, tailored to their needs and delivered by staff who knew the needs likes and preferences of the people they supported well. Staff ensured that people were well prepared for new experiences to reduce anxiety. People experienced full and active lives with support to build and maintain relationships.

People received care that was safe. Systems were in place to ensure they were protected from abuse and avoidable harm. Medicines were managed and administered safely. Staff's competency to do so was regularly checked. Staff supported people to maintain a clean and safe environment.

People were supported by well-trained and competent staff who knew them well. The service ensured people's needs were assessed and regularly reviewed so that they received care that was effective. There were sufficient staff to meet people's needs and checks were carried out to ensure that only suitable staff were employed. People were well supported to maintain their health and wellbeing.

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.

Staff treated people with kindness and respect. Warm and friendly relationships had been developed and people were at ease in staff's company. People were treated fairly and without discrimination by staff who advocated to ensure their rights were protected.

The registered manager and staff were clear about the responsibilities of their roles. There was an open and transparent culture with emphasis on capturing learning and partnership working, in order to continuously improve the service wherever possible.

### Rating at last inspection

The last rating for this service was Good (last report published 10 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Deafness Support Network

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector on the first day and one inspector accompanied by a British Sign Language interpreter on the second day. The interpreter supported the inspector to communicate with staff and people using the service

#### Service and service type

The service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

The service had a manager registered with the Care Quality Commission (CQC). 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 a short period of 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. Also, because people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 October 2019 and ended on 30 October 2019. We visited the office location on both dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 of this information to plan our inspection.

During the inspection

We visited six people who used the service in their own homes to seek their views of the care provided. We spoke with seven members of staff including the chief executive, the registered manager, senior support workers, support workers and one agency staff.

We reviewed a range of records including three people's care records and records relating to the administration and management of medicines. A variety of records relating to the management of the service, were also reviewed.

After the inspection

We looked at additional information provided by the registered manager, for example documentation relating to decision making. We contacted health care professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All of the people we met told us they felt safe. Comments included "Yes, definitely, I feel safe, I feel confident."
- People were protected from the risk of abuse. Staff received training and were aware of the procedures to follow should the need arise.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Detailed risk assessments were carried out for each person which clearly identified people's individual associated risks and the control measure in place to mitigate. This meant that staff understood what was required to keep people safe.
- People were protected from avoidable harm. Accidents and incidents were recorded and regularly reviewed by the management team to ensure that measures to prevent recurrence and learning were identified.
- People were supported to maintain a safe environment by raising any health and safety or maintenance issues with their landlord.

Staffing and recruitment

- Safe recruitment procedures continued to be followed including checks with the Disclosure and Barring Service (DBS). This ensured that only staff suitable to work with vulnerable people were employed.
- Staffing levels were sufficient to ensure people were well supported at all times.
- Agency staff were used as and when needed. The service ensured that agency staff were appropriately skilled to meet the specific needs of people using the service.

Using medicines safely

- People received their medicines as prescribed by appropriately trained staff whose competency to do so was regularly checked.
- Records reviewed were complete, clear and legible.
- Protocols for medicines prescribed to be taken as and when needed were in place and staff recorded when/why they were administered, although the effect was not always recorded. We discussed this with the registered manager during the inspection who confirmed she would reiterate requirements to staff.

Preventing and controlling infection

- Staff received training to prevent and control the spread of infection.
- People were supported to maintain the cleanliness of their homes. One person told us "The house is nice

and clean".

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by well-trained and competent staff. Staff had access to an extensive range of training, available in accessible formats, to enable them to carry out their roles effectively, including topics relating to specific health needs. A staff member told us the training was "Spot on, couldn't fault it."
- There was a robust induction programme in place for new staff which included shadowing experienced staff before working independently. We were told the induction was "Very good" and prepared them for their role.
- Staff had opportunity to discuss their skills and development needs during regular supervision and annual appraisal sessions. All staff spoken with felt well supported in their roles. A staff member told us "I love my job, it is a fantastic experience."

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

- People's needs were assessed and kept under regular review in line with standards, guidance and the law. Review meetings were thorough and involved all of the relevant people.
- We saw that people's likes, dislikes and choices were well documented and staff demonstrated a clear understanding of people's needs and preferences.
- People told us that they had choice about the support they received, and they were able to make decisions about their care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked successfully with a wide range of external professionals to support people's health and well-being. People were well supported during appointments and consultations with health care professionals.
- Staff supported people to understand the information given to them and to express their views by ensuring that a BSL interpreter and a staff member to relay was present. This is because there are occasions where an interpreter may not meet the person's specific communication needs. In those instances, the relay person works alongside the BSL interpreter presenting the same message adapted to the person's individual communication method thereby ensuring best outcomes for people. We observed the effectiveness of this process during this inspection when we met with people and of the reassurance it provided to them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. People's capacity to make specific decisions was assessed and decisions made on their behalf were in their best interests with involvement of relevant others.
- Care and support was delivered in the least restrictive way.
- Our observations demonstrated that staff routinely sought people's consent.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- All of the people we met told us staff treated them with kindness. People's comments included, "They [staff] are all lovely, and I like it, and I'm happy" and "They [staff] are all very nice and all good." Another person told us "If I'm upset they will chat and make me feel better. Because they are deaf they are the same as me." The person told us that the staff "being the same" was important to them.
- Throughout the inspection our observations evidenced warm, friendly and comfortable relationships between people using the service and staff. People using the service were at the heart of care provision which staff told us about enthusiastically. Staff said, "You put a smile on their face" and "As long as they are happy and smiling."
- People were afforded privacy. Staff ensured people were given choice as to where they wanted to meet with us. Staff demonstrated awareness of the need for confidentiality when discussing individuals, and for secure storage of records.
- People were supported to be as independent as they could be. We were told, "I wake up myself, get up myself, shower and dress myself. I have also learned to cook too. I go out on my own" and "Sometimes things are too hard for me and I will ask for help, if I can do it they will leave me to it."

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

- People were treated fairly and without discrimination, including those with protected characteristics such as religion and sexuality. The provider took part in the local Pride event. People were supported to express their sexuality in a non-discriminatory way.
- The service actively reported incidents of hate crime. The registered manager told us, "Some of our tenants have told us about people who laugh at them or point at them. We would always report it as a hate crime. It is important our tenants know they can come back, and we will try to do as much as we can to support them."
- People were well supported to meet their religious and cultural needs.

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

- Regular surveys were distributed to seek people's views of the service. Those reviewed indicated people were satisfied with the care they received. Results were analysed to capture learning, although this was still to be undertaken for the most recent surveys. People were supported to respond to the questionnaires in line with their individual communication needs.
- Regular meetings were held, including 1:1 sessions, providing ample opportunities for people to express their views.

- When people needed support with decision making, relevant others were involved including advocacy services. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves to ensure their rights are protected.
- A professional who regularly worked with the service told us, "The staff really advocate for the service users."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### 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.

- All aspects of people and staff's communication needs were fully considered, well supported and met. The registered provider had invested in an array of innovative technology and promoted a Total Communication approach. Total Communication makes use of a number of modes of communication such as signed, oral, auditory, written and visual aids, depending on the particular needs and abilities of the person. For example, for a person with both sight and hearing loss a shoe would be given for them to feel, to ask if they wanted to go for a walk.
- A newly installed electronic system provided opportunity for meetings to include signing conversations captured via video link.
- Staff spoke with dedication and passion and went above and beyond to achieve good communication outcomes for people. During a recent hospital admission staff stayed with the person at all times, sleeping at the hospital, to ensure their rights were protected and best outcomes achieved. Staff told us, "Staff at the hospital had no deaf awareness, it was really difficult"; "It helped [name] massively, we always have a constant battle with staff there. It's important to get their opinions across, relaying information."
- People and staff had access to technology in line with communication needs. For example, staff could complete reports using BSL and video technology. A person had let staff know about the difference some new equipment had made to them. Their message said 'Thank you, thank you after installing my equipment to help me listen to my TV. Oh, the joy I literally had tears running down my cheeks, not only could I hear the music but the words as well. Took me back to our jive days'.

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

- People experienced exceptional care that was individualised and tailored to their needs. Care and support were delivered by a consistent staff team who knew the needs, likes and preferences of people well. People told us, "They [staff] are brilliant at helping."
- An holistic approach to care was evident. There were numerous examples of how the service had provided exceptional care, particularly at important or distressing times in people's lives. For example, during and following surgery, family bereavements and at times of religious celebrations. The service worked with exceptional flexibility to support people as circumstances arose in their lives, including when they needed to be away from their homes. By doing so people received consistent care and support at stressful and

distressing times in their lives.

- People were well prepared for new experiences. For example, staff would take pictures of a hospital, new places, scenery and buildings that people would be visiting. This enabled the person to be prepared, recognise where they were going and reduced anxiety.
- For people with both hearing and sight loss staff wore the same perfume all of the time to aid recognition. The registered manager told us, "It is so important to ensure in their total darkness and no sound that they know who is in their home."
- The provider had received compliments from family members about the care their relative received including, 'This unique and outstanding organisation has provided a safe, happy and meaningful life for [name] in a signing environment. It is almost impossible for us to imagine any other place for [name] to live'.

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 were supported to lead active and fulfilled lives. They enjoyed holidays, active social lives and were well supported to develop and maintain friendships and family relationships.
- People told us, "I have a lot of friends that I get to meet" and "I have lots of friends. All the tenants are lovely, everyone is respectful of each other."
- People had full and varied activity schedules. Successful new experiences were incorporated into people's ongoing activity schedules. For example, whilst on holiday a person was seen to enjoy and be competent whilst horse-riding, they now did this activity on a weekly basis. Another person enjoyed the sensory aspects of a jacuzzi, they were now a member of a Spa and attended regularly. The registered manager told us, "We are trying to fill their lives with the things they love."

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to manage and respond to complaints. Each person was provided with a copy of the procedure in a format accessible to their needs. There had been no complaints in the last twelve months.
- All of the people we spoke with knew who they would go to if they had concerns. It was clear from the manner in which they responded that they felt able to do so.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The registered manager had identified the need for people's future wishes to be planned for and was working towards scheduling discussions to ensure they were clearly incorporated within care plans.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was providing care that was person-centred and specifically tailored to individual's needs, choices and preferences. An open and inclusive culture was promoted providing good outcomes for people.
- People and staff spoke positively about the registered manager, that they were approachable, fair and supportive. Comments included, "I get lots of support"; "[registered manager] is a nice person" and "She is extremely helpful."
- Staff were assisted to access support from external agencies such as Access To Work (ATW) enabling them to carry out their role without prejudice.
- A health care professional who worked with the service visiting professional described the service as "Exemplary" and "A superb outfit", adding that "Support for clients was second to none."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were clear and knowledgeable about their roles.
- CQC had been informed about important events which occurred within the service and the rating from the last inspection was displayed as legally required.
- There was a system in place to assess and monitor the quality of the service. Although there was appropriate oversight and review of records by the compliance and registered manager, there was a lack of robust audit tools to provide evidence of findings and actions taken. The registered manager told us that a new system was being introduced which would include a complete review of people's care. As part of this piece of work, a review of quality assurance systems, including audit tools, was to take place involving the registered manager, compliance manager and key workers.

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

- People were valued as individuals, treated with respect and without discrimination.
- People were provided with opportunities to express their views during meetings, 1:1 sessions and surveys.
- Staff were able to express their views during meetings, supervision, appraisal, surveys in addition to contact with the registered manager on a day to day basis
- A confidential counselling service was available for staff.

Working in partnership with others; Continuous learning and improving care

- Partnership working had been proactively developed by the registered manager. They worked with other organisations and visited comparable specialist services to capture learning to continuously improve care provision.
- The registered manager was an active member of numerous committees and groups including a police coercion committee. As a result, the police had offered to provide training about keeping safe on social media.
- The registered manager had recently led the formation of a provider group involving seven organisations supporting similar services. The first meeting had been both supportive and positive. The focus of the group moving forward was to, a chance to share knowledge, ideas and identify learning opportunities to support continued improvement.