

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Deafness Support Network

Stepping Stones, Weir Street, Northwich, CW9
5HH

Tel: 0160647831

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06 September 2012
05 September 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

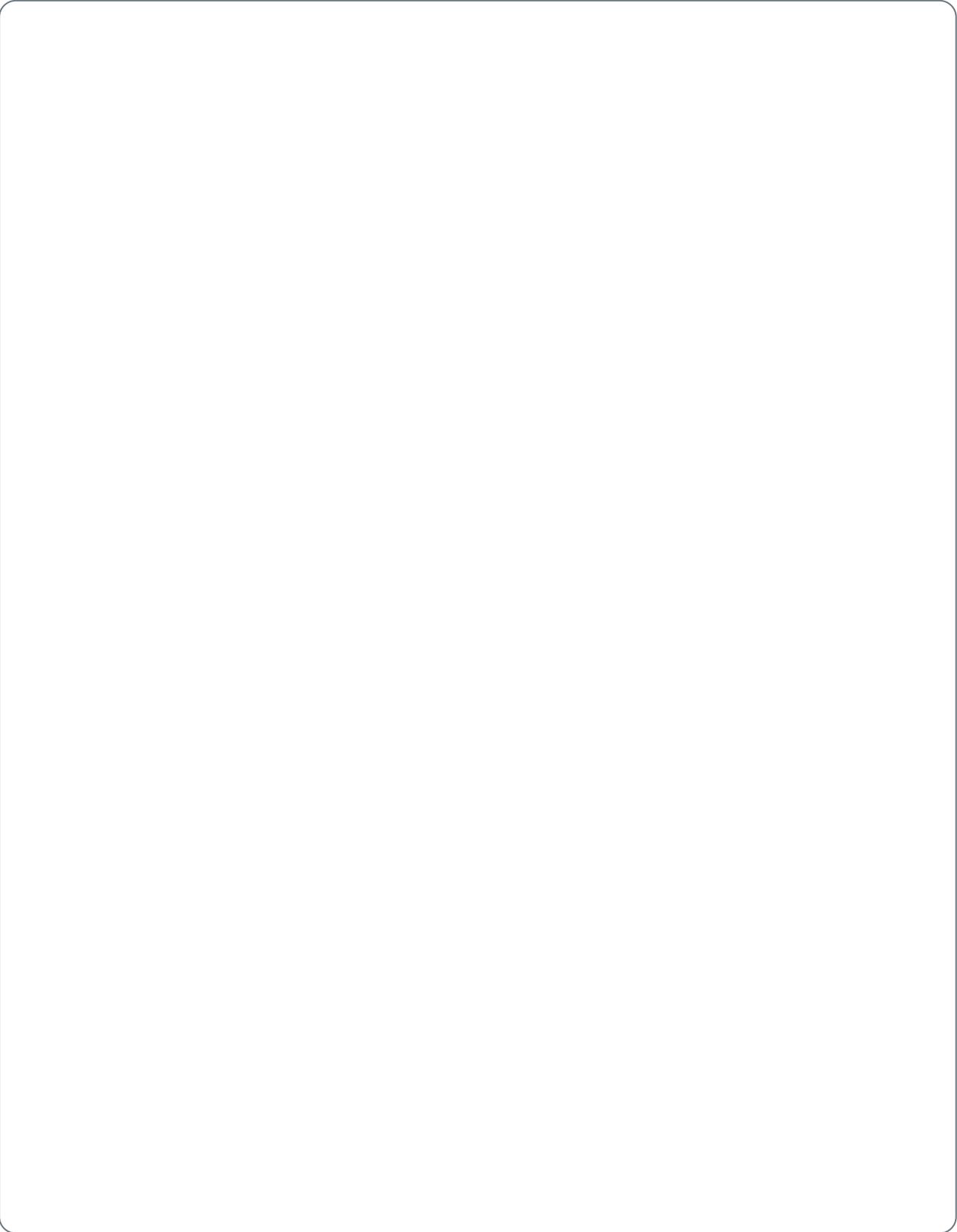
Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Cheshire Deaf Society
Registered Manager	Mrs. Michelle Simpson
Overview of the service	<p>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 services to twenty-three 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.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2012, 6 September 2012 and 17 September 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and talked with stakeholders.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with seven people who used the service. They told us that the staff were kind and that they were supported to be independent and to learn new skills. One person said they were happy where they were and that they found the staff supportive and caring. Another person said its boring here, not much happening but I am glad I have a job. People were pleased that the service employed both Deaf and hearing staff.

We spoke with five staff members and they confirmed that they liked working at Deafness Support Network. Many of the staff said that the shifts of twelve hours was long and at times tiring. Some people said they didn't have time for meal breaks and other people said that staff took it in turns to go and have a break and a meal.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People were able to express their views and they were involved in making decisions about their care, treatment and support. People were given appropriate information and support regarding their care and treatment. We reviewed four care plans. Before the agency undertakes support, an assessment of their needs was carried out. This included how they liked to spend their day and the activities they enjoyed, We saw that people's wishes and preferences were respected in relation to the support being provided. We saw the information people were given about the service and this included the statement of purpose and tenants user guide. Both these are produced in large print and were available on a DVD for people to watch in British Sign Language (BSL).

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at four care plans for people using the service. These were personalised and provided good guidance on the support people needed and how this would be met. The information showed that the person had been involved in the development of the plan. Each person's file contained a support plan, health action plan, risk assessments and a daily contact sheet. The daily contact sheet showed what each person did across the week. Each plan seen showed a wide range of activities that were undertaken across the day, at weekends and during the evenings. People told us that they take part in a range of activities that are designed to meet their individual needs. People's wishes about social and leisure activities were detailed in a structured individual plan. It was clear from discussions with people who use the service, staff members and from the care records that people's daily and weekly activities were flexible and could be altered to meet the wishes of the individual.

People's health care needs were recorded in the health action plan and medical reports section of their care file. Visits to the GP, optician, dentist, audiology department, medication reviews and hospital appointments were well documented. Each person had an annual review to which their social worker was invited. Documented in the review were comments from the individual, their key worker (named member of staff) and the manager. This information showed what the person had achieved over the last year and their aims and objectives for the next year. All reviews seen were up to date.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people we spoke with told us that they felt safe receiving support from Deafness Support Network. They all understood the complaints procedure and we saw that it was produced in written and picture format to help people understand the document. People said that they would raise any concerns they had with the support staff, team leader or manager as appropriate.

Whilst people had not received any specific information about reporting abuse they confirmed they would contact a member of staff if they had any concerns about the service or the support they received. All confirmed they felt safe in the care workers' care.

Staff told us that they had received training in safeguarding vulnerable adults and training records we saw confirmed this. They were able to say how they would describe different types of abuse and how they would explain it to a person using the service if they needed to.

The manager and staff spoken with confirmed that they were aware of the procedure to be followed if abuse was suspected. This included gathering basic information and reporting the incident to their line manager. The manager would liaise with the Local Authority safeguarding team and also report to the Care Quality Commission. One safeguarding incident had been reported over the last year. We saw good documentation regarding this including records of meetings, phone calls and emails.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Concerns were raised recently that staff were overworked, that they didn't have time for breaks and that there was too much overtime.

The manager confirmed that there were enough care workers available to meet the current needs of the people who used the agency. Most staff confirmed that they usually had sufficient time to support people as needed. However, some staff said that the shift pattern of twelve hours was too long sometimes. One staff member commented that "It is very busy here, but we always have one staff member around so that we can get a break and something to eat without interruption. Sometimes we don't get a lot of time for a break."

Rotas showed the staff available to meet the needs of the people. Staff tended to work twelve hour shifts of three days working then three days off on a rolling rota. Each supported house had different levels of support across the day which reflected the needs of the people using the service. Each house had cover over a twenty-four hour period.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All of the people we spoke with made positive comments about the staff who supported them. They felt that staff were well supported by the agency and that they knew what they were doing.

People said they were happy with the care staff who supported them and most had been with them some time and understood their care needs. Other comments included "I am pleased there are some Deaf staff."

People had care plans and they had been included in the reviews of the plans and knew what changes had been made.

Four staff files were seen and showed that formal supervision and appraisals of the staff team had been undertaken on a regular basis. Staff had received supervision during August 2012 and annual reviews had been completed during February and March 2012.

New staff attended an induction programme and a copy of the completed checklist was seen in staff files. Also staff signed to show receipt of a range of policies and procedures and also a copy of the employee handbook.

Staff had access to a wide range of training. All staff had training on moving and handling, medication, basic food hygiene, safeguarding adults, diabetes awareness, epilepsy awareness, equality and diversity, first aid at work, management of actual or potential aggression and fire awareness.

Twenty staff had undertaken National Vocational Qualification (NVQ) level 2 in care and seven staff have level 3. This meant that people were supported by a well trained staff team. Staff said that the training was "very good", "easy to understand" and "training is usually in small groups which I like."

Twenty-one staff had British Sign Language (BSL) level 1 or 2 or are Deaf and therefore BSL was their first language. One new staff member was undertaking BSL level 1 and two new staff members were registered to start BSL level 1.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People told us they were asked during their review if they were happy with the care and the service provided. They thought Deafness Support Network (DSN) was open to suggestions and sought views to help and improve the service provided. All the people we spoke with felt DSN took account of their views and that they were listened to.

People were consulted about the way the service is run. Monthly house meetings were held where people's views were sought. Also people who used services were asked to complete a questionnaire about the service they received as part of an audit. Many of the responses were very positive.

Risk assessments regarding individual care plans were completed during the initial care planning process and reviewed on an ongoing basis. They were discussed and agreed with the individuals involved and people we spoke with confirmed they were involved in the care planning process. A new computer based risk assessment process was currently being implemented which would evaluate the level of risk. From this staff will be able to decide on suitable precautions to be taken.

A complaints form was seen which was produced in written and picture format to make it easier for people to understand. People confirmed they understood the complaints procedure. Processes were in place to record complaints received and to ensure that these were addressed within the timescales given in the policy. No complaints had been received by the agency over the last year.

The provider also monitors the quality of the service through external companies such as the Investors in People organisation improvement framework report which stated that Deafness Support Network continues to meet the requirements of the Investors in People Standard. A review through the Learning Disability Framework took place recently and an action plan had been produced to show where improvements could be made.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The recruitment processes at Deafness Support Network were robust. Four staff files were examined. They were well presented and contained all the required information. This included up to date Criminal Records Bureau (CRB) checks, two references and an application form. Also included in staff files were copies of their job description.

At present Deafness Support Network are advertising for support workers and in the job application it stated that staff should have a certificate in British Sign Language (BSL) level 1 or the ability to demonstrate equivalent knowledge. Concerns were raised from some people who use the service that not having at least level 1 BSL could make it very difficult to communicate and as BSL is the first language for people who use the service. There was an expectation from them that staff should have level 2. The person specification for support workers stated that BSL level 1 or equivalent is essential and that BSL level 2 is desirable. Some of the people who used the service said they were apprehensive about having new staff members with no or little sign language skills.

Concerns were raised recently that outside agency staff had been working in the service who did not have appropriate recruitment checks. When necessary the service used outside agency staff to cover their staff sickness or holidays if their own staff are unable to do so. They request staff who are known to the people who use the service where possible. The agency's recruitment procedures were not as robust as Deafness Support Network's and when the manager was made aware of this they stopped using people until the issue could be resolved. The manager dealt swiftly with this and has now resolved this issue.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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