

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

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	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-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.</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 announced 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 22 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We looked at three support plans and other care records and all had an assessment of their health and social needs completed.

We spoke with four people who used the service, three staff and professionals involved in the service. People who used the service said "I like the staff", "I am involved in my support plan" and "Sometimes I get bored." All the people spoken with said they didn't have any concerns or complaints. Staff commented "The staff team work well together", "We have regular team meetings", "The best part of my job is supporting the people who use the service and the friendly staff team" and "The manager is fair, friendly and has high standards." Other professionals commented "The staff are very good. They are attentive and well informed about patients needs", "They provide a wonderful service" and "The staff seem to interact well with the clients."

We looked at staffing levels at the service. We saw the rota and discussed staffing issues with the manager.

We saw that Deafness Support Network had not received any formal complaints since the last inspection and the Commission had not received any complaints about the service.

We observed interactions between the people who used the service and staff during the day and found there was a relaxed and friendly atmosphere between them.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked three support plans and other care records for people who used the service. The support plan was personalised and provided guidance on the support people needed and how this would be provided. Each person's file contained a support plan, risk assessments and details of health care needs and support. The daily contact sheet showed what support each person had received and general information regarding their well being. This information was stored on the computer with one to one reports and health reports.

The risk assessments had been completed for a wide range of activities including pager for the bedroom bell and fire alarm, day trips and holidays, personal evacuation plans, meals, personal care support, using appliances within the home, meals and restraint. These identified hazards that people might face and provided guidance upon how staff should support people to manage the risk of harm.

The manager confirmed that service user reviews were completed by the funding authority on an annual basis, however, the provider might find it useful to note that 2 out of 3 of the files examined had reviews which had not been completed within the last year.

Where required best interest and capacity meetings are held and the GP is involved in the capacity meetings. We saw documentation on these meetings and the outcome was clearly documented. During discussions the manager showed a good understanding of the Mental Capacity Act 2007 and how this related to the people who used the service.

People who used the service commented "I get support when I need it" and "The staff are helpful."

Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The manager was able to demonstrate a range of ways in which she cooperated with other people who were involved in the care, support and treatment of people who used the service. This included social workers, GP's and other medical professionals. We contacted the local authority contracts and safeguarding teams. They confirmed that they didn't have any concerns regarding Deafness Support Network.

Other professionals commented "The staff seem very good", "They look after people well" and "The service seems very good." All professionals contacted confirmed they didn't have any concerns about Deafness Support Network.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs) and stock for people who used the service. We found that appropriate arrangements for the recording, administration and safe handling of medicines were in place.

Medicines were kept safely and were administered by the senior care assistant on duty. All staff who administered medication had received appropriate training.

We discussed with the senior care assistant on duty the process that was undertaken for administration of medicines which they were able to fully describe and they demonstrated a good knowledge of the medication that people took.

We noted that some people had creams and inhalers. The provider might find it useful to note that it was difficult to determine how long these had been open. Therefore recording the date on the item would be useful and would mean that people who used the service could be confident that time sensitive medicines were not used when out of date.

We looked at medicines records, and found that they were complete and accurate. We looked at the medication policy and found that it also contained information on homely remedies and in which situations these could be used. Details of what to do if a medication error occurred were also included, however the provider might find it useful to note that a reminder to also contact the local safeguarding team and CQC was not included.

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.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Rotas showed the staff available to meet the needs of the people who used Deafness Support Network. The staffing levels were determined by the needs of the people who used the service. The home manager was supernumerary to the rota.

The manager confirmed there was enough staff available to meet the current needs of the people who used Deafness Support Network. She said that they currently had two staff members on long term sick and these hours were being covered by the staff team and agency staff when necessary. The service used a specialist agency which employed people who were D/deaf or had British Sign Language (BSL) qualifications.

All staff are either D/deaf or expected to achieve BSL level 2 within two years of the start of employment.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We saw a copy of the complaints procedure, which was included in the pack given to people who used the service. This was produced as a pictorial version to make it easier for people to use. People said they understood the complaints procedure and that they had no complaints about the service. They confirmed they would speak to a staff member or the manager if they had a concern or complaint. Staff confirmed that if a person made a complaint to them, they would try to help and if necessary would pass this onto the manager. Each senior care assistant had a book they kept a log of any issues from people who used the service or staff members. They would try and resolve the issue and if they were unable to do so, they would bring it to the attention of the manager.

The complaints procedure included details of who to contact and timescales of how and when a complaint would be dealt with. The provider might find it useful to note that although the policy stated that people could contact their councillor, MP, ombudsman or supported living service, no addresses or emails were given. Also details of the Care Quality Commission need to be updated as the previous regulatory body name was in use. This would assist people to know who to contact if they were not happy with the internal investigation.

The service had not received any complaints since the last inspection and the Commission had not received any complaints about Deafness Support Network.

Other professionals we spoke with confirmed they had no concerns or complaints about the service.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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