Communication Independence Limited

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Inspection report

The Quadrant
99 Parkway Avenue
Sheffield
South Yorkshire
S9 4WG

Tel: 07582683406
Website: www.cilsupport.com

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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

About the service:
Communication Independence Limited is registered as a domiciliary care agency to provide personal care. They support people with a hearing and/or a visual impairment or have combined sight and hearing loss and who may also have other support needs, such as physical disabilities, learning difficulties and/or needs relating to their mental health. At the time of the inspection there were seven people using the service.

People's experience of using this service:
• People told us they felt safe with the support provided from Communication Independence and they were consistently treated with kindness, dignity and respect.
• People knew who to report any concerns to and were happy with the support they received from staff.
• People's care records contained guidance for staff about how to support people safely and minimise risks to people.
• Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse.
• The service had systems in place to ensure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given.
• Staff told us they thought there were enough staff to meet people's needs.
• People received personalised support from staff who knew them well. People's likes, dislikes and social histories were recorded in their care records. This helped staff care for them in a personalised way.
• Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.
• 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.
• The provider had an effective complaints procedure in place. People and their relatives knew how to complain if they needed to.
• The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis.
• Staff told us they enjoyed their jobs; their morale was positive, and they told us the staff team worked very well together.

Rating at last inspection:
The last inspection of Communication Independence Limited was on 9 and 12 January 2018 and the service's overall rating was good, with one breach in regulation.

Why we inspected:
This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Communication Independence Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
An adult social care inspector undertook the inspection. A British Sign Language (BSL) interpreter was used to enable the inspector to communicate with people who used the service and staff. A BSL English interpreter assists a sign language user and a hearing person to communicate.

Service and service type:
Communication Independence Limited is registered as a domiciliary care agency to provide personal care supporting people have a hearing and/or a visual impairment or have combined sight and hearing loss and who may also have other support needs, such as physical disabilities, learning difficulties and/or needs relating to their mental health. Not everyone using Communication Independence Limited receives the regulated activity, personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with 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 the service 48 hours' notice of the inspection and office visits because the service is small, and we wanted to ensure the nominated individual, or the registered manager would be available. We also wanted

to arrange to visit some people using the service in their own home.

Inspection site visit activity started on 7 March 2019 and ended on 8 March 2019.

What we did:
We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to CQC by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the 7 March 2019 we visited the office location to see the nominated individual, the registered manager and three care workers. We also reviewed two care records, policies and procedures, audits and quality assurance reports, and records of accidents, incidents and complaints,

On the 8 March 2019 we visited two people in their homes to obtain their views about the care they received and to look at their care records. We spoke to two people who used the service, one relative and two care workers.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:
• At our last inspection this domain was rated as requires improvement. This was because the service's recruitment process required improvement to ensure that information and documents were obtained in accordance with the regulations to demonstrate staff were suitable to work with vulnerable adults.
• At this inspection we found safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. All the necessary pre-employment and identity checks were completed to ensure best practice.

Systems and processes to safeguard people from the risk of abuse:
• People using the service told us they felt "safe."
• The provider had proper systems in place to safeguard people from abuse.
• Staff showed a good awareness of safeguarding procedures and knew who to inform if they saw abuse or had an allegation of abuse reported to them.
• Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Assessing risk, safety monitoring and management:
• Risks to people's health, welfare and safety were managed to keep people safe.
• People's care plans contained risk assessments and detailed the support they needed from staff to manage the identified risks.
• Risk assessments were reviewed and changed to reflect peoples changing needs. For example, when a person's health needs changed.

Using medicines safely:
• The provider had a policy in place about the safe management of medicines. This provided guidance to staff to help ensure people received their medicines safely.
• People were receiving their medicines as prescribed by their GP, and staff kept accurate records about what medicines they had administered to people and when.
• Staff were trained in medicines management and their competency to administer medicines safely had been checked.

Preventing and controlling infection:
• Infection control measures were in place to stop the spread of infection. Staff were aware of and followed the infection control policy and procedure.
• People told us that staff wore personal protective equipment (PPE) such as gloves and aprons that reduced

the risk of cross contamination.

Learning lessons when things go wrong:
• The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events.
• The registered manager analysed accident and incident records to identify any trends and common causes.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Prior to people using the service the registered manager assessed their needs to ensure they could support the person effectively.
• A detailed care plan was then written for each person which guided staff in how to care for them.
• People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience:
• Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
• Staff told us they were supported by a communication support worker who assisted them with the practical tasks of their jobs when they needed it. For example, with correspondence and telephone calls.
• Staff received regular supervision to review their competence and discuss areas of good practice or any improvements that were needed. The registered manager completed annual appraisals for all staff. Staff told us they felt supported by the registered manager and they felt able to raise any concerns or questions with them.

Supporting people to eat and drink enough to maintain a balanced diet:
• People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences.
• Where people required a special diet because of medical or cultural reasons, this was catered for.
• Staff recorded the food and fluid intake of people assessed to be at nutritional risk.

Staff working with other agencies to provide consistent, effective, timely care:
• Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as GP's and the falls prevention team. This supported staff to achieve good outcomes for people and helped people maintain their health.

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.

• For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.
• We found the registered manager and staff were working within the principles of the MCA where necessary the appropriate applications had been made to the Court of Protection and the provider was complying with the necessary Court Order.
• People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
• Staff received training in the MCA. During the inspection we observed staff asking people for consent before they delivered care.
• Staff confirmed they obtained people's consent before they offered any support.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
• People told us staff were kind and caring and they felt well treated by staff. Comments included, "They make sure that people who use the service are at the centre of everything" and "They respect people who use the service."
• Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
• We observed staff at all levels had developed relationships with people's families. One person told us, "Communication Independence is a good service, yes I would recommend them."
• All staff told us they would recommend Communication Independence to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them. All staff told us they enjoyed their jobs, and this was evident from our observations during the inspection.
• Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care:
• People receiving support and their relatives were invited to take part in reviews of their care. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.

Respecting and promoting people's privacy, dignity and independence:
• Staff were respectful of people's privacy and treated people with dignity and respect. The provider had an effective policy in place regarding privacy and dignity, which supported the staffs' practice in this area.
• People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations during the inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.
• Confidential information about people, such as care records was kept securely.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People's care records were person-centred and accurately described what support they needed from staff. Care plans provided detail about each area of support people required, such as support with nutrition and hydration, mobility and medication. They described how staff should care for each person, to promote their physical and mental wellbeing.
• People's care plans were reviewed monthly or sooner, if a person's needs changed. This helped to make sure people consistently received the correct level of care and support.
• Care records clearly documented people's likes, dislikes and social histories. This supported staff to get to know people well and provide a personalised service.
• The service identified, recorded and shared relevant information about people's communication needs, as required by the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability, impairment or sensory loss are given information in a way they can understand. This helped to make sure people were provided with information in the right format, so they could remain actively involved in making decisions about their care.
• Staff were skilled at communicating and engaging with people. They understood how to adapt BSL to people's individual needs and used this effectively. Hearing staff were aware that communicating with one another verbally could exclude deaf people and deaf staff.
• The service used a range of communication methods. All staff had access to an electronic tablet to enable them to communicate with each other using either skype or face time. Other forms of communication the service used included sign supported English, objects of reference, braille block, video calling and text.
• People told us they were involved in discussing and making decisions about the care and support they received. Information in people's care records confirmed that they, and family members where appropriate, were involved in developing and reviewing their care plans.

Improving care quality in response to complaints or concerns:
• The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
• People knew who to speak to if they had any concerns or if they had a problem. People told us, "I have no worries or concerns at all. I could talk to staff and they would sort any worries I had." People's relatives also knew who to complain to.

End of life care and support:
• The service was not supporting anyone at end of life at the time of the inspection. The registered manager told us in the event of someone needing this support they would ensure people were supported to have comfortable, dignified and pain free death.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The provider had a clear set of values. These included openness, equality of opportunity, respect for people, putting people at the heart of the service and high-quality care.
• People were happy using Communication Independence and felt the service was well led.
• Staff told us they felt everyone was well looked after and they were all keen to provide high quality care. All staff said they would be happy for a family member to be supported by Communication Independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The nominated individual, registered manager and staff were all keen to promote the provision of high-quality, person-centred care. There was a welcoming and inclusive culture within the service.
• There was a clear management structure in place consisting of the nominated individual and the registered manager. Staff understood the roles and responsibilities of each team member and described the managers as "approachable" and "supportive."
• Staff worked effectively as a team. Staff told us they could rely on each other, commenting "We work as a team" and "I love working here it's a great team, the boss makes sure we are comfortable and confident. We are a good team" and "I have no problems approaching the managers if I have any problems and I know if I make a mistake they will tell me."
• There was an effective quality assurance process in place, based on a range of audits completed by managers. These included medicines, infection control, staff training and care planning. Any issues raised during audits were promptly rectified. For example, an audit had identified that staff had raised concerns about not having a first aid kit, we saw this issue had been discussed and resolved. This ensured the service was safe and well managed.
• The provider's quality assurance systems ensured that all notifications were being made to CQC as required by the regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:
• People and their relatives completed surveys which asked for their views of the service. The results were analysed by the registered manager and used to continuously improve the service. Action plans were created where necessary.
• People were consulted about the way the service was run in several ways. These included yearly surveys and individual discussions with people and their relatives. Any issues raised were acted on promptly. For

example, staff had asked about making the care plans more accessible and this had led to a range of options being explored and discussed.
• Staff meetings were held regularly and provided an opportunity for staff to contribute to the running of the service and to make suggestions for improvements.

Working in partnership with others:
• The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. This included a specialist nurse working with deaf people, social workers from the sensory impairment team, physiotherapist and district nurses.