

Deaf Action – Outreach Visiting Support Service Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
15 May 2024

Service provided by:
Deaf Action

Service provider number:
SP2003003633

Service no:
CS2004068811

About the service

Deaf Action visiting support service provides housing support and care at home to the deaf community in the Edinburgh and Lothian areas.

Support is based on the needs and preferences of each person, with specialist British Sign Language (BSL) and communication skills a key element of the support provided.

42 people were using the service at the time of our inspection.

About the inspection

This was a short notice announced inspection which took place on 8 May 2024 between 09:20 and 12:30 in the registered office and on 15 May 2024 when we visited people in their own homes.

The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with four people using the service.
- Received comments through our online survey from 28 people and their relatives.
- Six professionals provided us with their views of the service they work closely with.
- We received eight responses from staff via our online survey.
- Observed staff practice and daily life.
- Reviewed a range of documents remotely.

Key messages

- People praised the quality of the staff who supported them to live as independent lives as possible.
- Improvements were needed to the completion of people's personal care plans, ensuring they reflected their assessed care and support needs.
- Quality assurance processes were not sufficiently detailed to demonstrate if actions identified led to improvements.
- Improvement was needed to ensure staff were recruited safely and this was clearly documented.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People were supported, by staff who knew them well, to enjoy busy, active lives that were reflective of their choices and preferences. This included involvement in community-based activities, day centres, shopping, maintaining their tenancy or attending appointments.

One person told us: "I very much appreciate the help and support of my current workers, they have been understanding, supportive, helpful and professional and I look forward to their visits each week."

Another person told us: "It's hard to put into words how much I appreciate the support that I receive. And how much I have learned from staff. They understand the needs of me becoming deaf."

The staff team have been trained in British Sign Language, to support people who have hearing impairment. We saw this being used in practice well and this really helped people to communicate their wishes and choices in a meaningful way.

Staff supported people to achieve their aspirations and wishes while actively promoting new opportunities. Records were maintained well, reflecting what People who experience care had done each day with the support of the staff.

Staff were knowledgeable about people's care and support needs, largely achieved through the positive working relationships they had rather than the detail within their personal plans which was inconsistent. (We have commented on this more in Key Question 5 of this report)

Staffing levels had been inconsistent of late, and this was impacting the outcomes of people using the service. One staff member told us: "We need more support workers, we have been short of staff for some time."

The manager was aware of this and in addition to recruiting more staff, was also in the process of restructuring the staff team to maximise service delivery to people.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People felt confident contacting the manager if they needed to and felt if they had an issue, it would be appropriately actioned.

The manager asked people to complete an annual satisfaction survey. Last year's survey findings were very positive and any identified areas for improvement were incorporated into an action plan. A further survey was planned for this year. This enables people to have a say about the care and support they receive and how it can be developed.

While the manager was able to identify areas that they audited, there was a lack of formal recording of findings. This was due, in part, to the manager prioritising staff cover for shifts. To ensure that quality assurance measures, such as audits, drive improvement in the service the manager should ensure that they make time to formally record and evidence findings from these. (Please see area for improvement one.)

Areas for improvement

1. The manager should further improve and develop the quality assurance systems in to assess and monitor the quality of the service and the outcomes for people.

This includes, but is not limited to the following:

- The observations of staff practice, which feeds into their support and supervision meetings, annual appraisal and individual learning and development plans.
- The review of people's personal plans to ensure they reflect their assessed needs, choices and preferences.
- Explore ways to involve people in the ongoing improvement and development of the service. For example, meetings and the involvement of the staff recruitment.
- Records are maintained to be able to both evidence and evaluate their findings and effectiveness.
- Any learning outcomes to be included within an overarching improvement and development plan.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Comments from people and staff demonstrated to us how the staff group were committed and flexible with an aim to providing the best possible service to the people they supported.

Staff had completed a variety of training to meet the care and support needs of people. British Sign Language (BSL) was a key asset the service specialised in. As people become older, the manager had recognised the need to expand staff's knowledge and plans were in place to roll out dementia awareness training.

There was limited opportunity for staff to have time to discuss or reflect on their practice. Team and individual supervision meetings along with observations of practice needed to be more structured and frequent to enable people to have confidence that staff are competent, skilled and can reflect on their practice and follow their professional and organisational codes. The manager was aware of this and was in the process of amending the staffing structure to enable more management time to support staff formally. We had confidence that improvements would be made, and time was now needed for these changes to be fully embedded.

We sampled staff recruitment practices and identified that records were not maintained or be assessable to fully demonstrate staff were recruited safely. We were not satisfied that safe recruitment practices were

being followed to ensure people had confidence those who support them have been appropriately and safely recruited. (Please see area for improvement one.)

Areas for improvement

1. The manager should improve staff recruitment practices within the service to the standard detailed in the SSSC and Care Inspectorate guidance, 'Safer Recruitment through Better Recruitment (2017)'. In order to achieve this you should ensure:

- Recruitment records are in place for all staff and all staff have outstanding preemployment checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.
- Two references in place for each staff member recruited, one of which, where possible, from their previous employer.
- Where there are clear gaps in peoples work history a reason for this should be obtained.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The content and detail of personal plans was inconsistent. Whilst some were written with people to a satisfactory standard, others were not and did not always clearly reflect people's health and wellbeing needs and preferences. There was a heavy reliance on the knowledge from staff as to people's care needs (established through good staff consistency) rather than the guidance detailed in people's personal plans. Please see area for improvement one.

People would benefit from having their personal plans being regularly audited by the manager to ensure the quality remained of a good standard and fully relevant to people's assessed needs and identified goals. (we have highlighted this within Key Question 2 of this report).

Areas for improvement

1. To ensure people have confidence their personal care plans reflect their individual needs and intended outcomes to inform staff when providing care and support. The manager should ensure there is sufficient detail to enable the care and support to be carried out consistently by each carer in the way the person prefers and needs the care and support to be carried out.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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