

SEA Recruitment Services Ltd

# SEA Recruitment Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 04, 06 and 10 July 2017 and was announced to make sure that the people we needed to speak with were available. We gave the provider 24 hours' notice of our inspection to make sure that the appropriate people were present.

SEA (Signing Enabling Access) Recruitment Services Ltd is registered to provide personal care for deaf people with other needs, such as a learning disability, blindness or a physical health condition. The service meets people's needs in their own home, at Beach House, the supported living home and in other environments, such as a care home or hospital. There were 58 people who used the service at the time of our inspection, 16 of these received personal care as regulated by the Care Quality Commission (CQC).

There were two registered managers in post who had registered with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider for SEA Recruitment Agency is also one of the registered managers for this service.

Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances.

Staff were excellent in enabling people to achieve a fulfilling life, assessing any potential risks and keeping people safe. We saw that people were encouraged to take positive risks.

There were effective recruitment practices in place. Registered managers ensured they recruited staff who had not only the right skills and capabilities but also those with the right personalities, attitudes and values.

Plans, guidance and specialist equipment were available to help staff deal with unforeseen events and emergencies that might occur when providing support to people.

Staff sought to establish people's wishes and obtain their consent before providing care and support. Staff communicated using sign language, describing the task staff intended to do before carrying it out. People were kept informed about the care being provided.

Staff had regular supervisions with the provider where their performance and development were reviewed. Staff were provided with excellent opportunities for personal development and had all the relevant mandatory training to carry out the support worker role, plus other training specific to individual needs.

The service demonstrated they were working within the principles of the MCA. The provider participated in best interest meetings and assessed capacity in relation to specific decisions people had to make.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements. People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about their care and support. The provider had established links with the community and had links with other establishments that also provided services for deaf people. Staff were passionate about the role they played in supporting deaf people in their own homes and in the community.

The company's principles and core values were shared by everyone we spoke with during the inspection. They were enthusiastic about deaf rights and deaf issues. Staff told us that the provider led by example and demonstrated strong and visible leadership. Staff felt fully supported by the management team, and were actively encouraged to have their say about any concerns they had and how the service operated.

The company structure and role responsibility charts provided everyone with information that clearly outlined what was expected of them.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as health and safety, care planning and training. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

## 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 consistently safe.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances.

There were effective recruitment practices in place. Registered managers ensured they recruited staff who had not only the right skills and capabilities but also those with the right personalities, attitudes and values.

Plans, guidance and specialist equipment were available to help staff deal with unforeseen events and emergencies that might occur when providing support to people.

### Is the service effective?

Outstanding 

The service was exceptionally effective.

Staff sought to establish people's wishes and obtain their consent before providing care and support. Staff communicated using sign language, describing the task staff intended to do before carrying it out.

Staff were provided with excellent opportunities for personal development and had all the relevant mandatory training to carry out the support worker role, plus other training specific to individual needs.

The service demonstrated they were working within the principles of the MCA. The provider participated in best interest meetings and assessed capacity in relation to specific decisions people had to make.

People were supported to access appropriate health and social care services in a timely way and received the on going care they needed.

### Is the service caring?

Good 

The service was consistently caring.

Care staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences.

The service took into account compatibility aspects when 'matching' support workers with people receiving a service.

Staff helped and supported people with dignity and respected their privacy at all times.

### **Is the service responsive?**

**Good** ●

The service was consistently responsive.

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs.

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements.

The provider had established links with the community and other establishments that also provided services for deaf people. Staff were passionate about the role they played in supporting deaf people in their own homes and in the community.

### **Is the service well-led?**

**Good** ●

The service was consistently well-led.

The company's principles and core values were shared by everyone we spoke with during the inspection. They were enthusiastic about deaf rights and deaf issues.

Staff told us that the provider led by example and demonstrated strong and visible leadership. Staff felt fully supported by the management team, and were actively encouraged to have their say about any concerns they had and how the service operated.

Measures were in place to identify, monitor and reduce risks. The provider took appropriate steps to monitor the quality of services provided, reduce potential risks and drive improvement.

# SEA Recruitment Services Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 04, 06 and 10 July 2017 by one inspector. The inspection was announced. The provider was given 24 hours notice prior to the inspection as we wanted to make sure that the registered managers would be available on the day of the site visit. SEA (Signing Enabling Access) Recruitment Services Ltd is registered to provide personal care for people whose primary need is deafness, but people also had other disabilities. For example some people were also blind, others had learning disabilities and some had complex medical conditions, such as Parkinson's. People's needs were met living in their own home, at Beach House, the supported living home and in other environments, such as in care homes or hospital. There were 16 people who used the service at the time of our inspection.

We were unable to obtain the services of an interpreter in time for the inspection, however on the first day of inspection we were able to use two independent interpreters who were on site to communicate with the people and staff who were deaf and gather their views on the service. We completed a visit to two people sharing the same house on 10 July to talk with people who used the service and staff. As two staff on site on the day were able to sign they were able to communicate with both people living in the home who were deaf.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We spoke with

commissioners of the service to gather their views of the care and service and contacted health care professionals who had had involvement with the service.

During our inspection we spoke with both registered managers, four team leaders, two support workers and administration staff.

We spent the first day of the inspection at the service's registered address speaking with staff and looking at records. We looked at electronic care plans relating to six people, five staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments, staff training records, supervision records, various policies and procedures and other documents relating to the management of the service. On the third day of inspection we visited two people who used the service living together in their own home and spoke with five relatives. We looked at paperwork relating to people's care after obtaining the individual's permission.

## Is the service safe?

### Our findings

People were safe and protected from harm. During our visit to Beach House, the supported living accommodation, we could see that people were kept safe from harm due to staff practice, robust care plans and the policies and procedures in place. Relatives we spoke with confirmed this. One relative told us, "I know [person] is safe. I have no issues [with safety]." Another relative explained how they now felt more confident in going on holiday and said, "I can go away and know that [person's name] is looked after, safe and happy. It's a relief." Staff recognised the importance of keeping people safe and how their practices impacted on this. One staff member told us, "As a team leader if I manage staff well then people are safe."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was available to staff. Staff described to us how people might present differently when being potentially abused. As people using the service were not able to express themselves verbally staff explained the different indicators they would look for that might suggest abuse was taking place, for example a change in wellbeing, mood swings and negative body language. Staff we spoke with were able to communicate their understanding of how to keep people safe and who to report concerns to. Staff were also aware of how to escalate concerns and report to outside agencies such as the Care Quality Commission (CQC).

People were supported by staff that arrived at the times people wanted their care. Relatives we spoke with confirmed that staff stayed for the appropriate time and that they were very happy with the care they received. It was unusual for staff to be late for calls but if they were a text was sent to the affected individuals to inform them of this.

There were effective recruitment practices in place and the registered managers worked hard to ensure they recruited staff who had not only the right skills and capabilities but also those with the right personalities, attitudes and values. Safe and effective recruitment practices were followed to make sure that all staff were of good character. All staff had been through recruitment procedures which involved a face to face interview and obtaining satisfactory references before they were employed by the service. People were further safeguarded against the risk of being cared for by unsuitable staff as staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) before delivering any support.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The provider told us that people were supported when and how required. Staff did not feel pressured in their caring role and when asked if they considered there was enough staff a staff member told us, "Definitely. One to one means just that with this company."

Some people required more support with taking their medicines and staff told us they had received training and undertaken competency checks to enable them to support people safely. We saw that records were completed appropriately and staff felt that they had received good training that enabled them to meet people's needs.



Templates used to record the administration of medicines included the level of support individuals required, where level one indicated a person could self administer and level four meant that full support with medicines was required by the individual. We saw that the levels of support had previously been completed manually by staff on each new, monthly MAR chart, however the system had recently been revised. This was now more robust as levels of support on templates were now pre-populated electronically on each new MAR chart for individuals. This meant that people were assured to receive the right medicines support and were kept safe from harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as mobility, nutrition, medicines, travelling, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible.

Staff were excellent in enabling people to achieve a fulfilling life, assessing any potential risks and keeping people safe. We saw that people were encouraged to take positive risks. A relative we spoke with confirmed this. For example, one individual had been supported to take a holiday overseas. Whilst the service had covered many angles of risk in preparation for the holiday the individual and staff had been involved in an accident whilst taking part in a cycling activity. We saw that the provider had gone to great lengths to ensure the safety and comfort of the individual during a lengthy hospital stay, both abroad and in the UK. Additional staff had been flown over to provide support and reassurance not only to the individual but also to the parent.

Information from accident, injury and incident reports was used to monitor and review both new and developing risks. For example, with regards to the accident that occurred whilst a person was on holiday we saw a fully documented timeline review and analysis of the risk assessments that had been formulated prior to the trip, with statements from staff present at the time. The activity being undertaken at the time of the accident was deemed to be appropriate and the person had full staff support. The conclusion was that this was an unavoidable accident to which staff responded to in a professional and appropriate manner. This showed us that the service completed and documented full reviews of accidents and incidents to see if any lessons could be learned and to ensure the on going safety of people in the future.

Plans, guidance and specialist equipment were available to help staff deal with unforeseen events and emergencies that might occur when providing support to people. We saw examples of personal emergency evacuation plans (PEEPs) for people in supported tenancies. The building was fitted with flashing beacons that would activate in the event of a fire and the service operated a 'buddy system' by always ensuring a member of staff who was deaf was accompanied on shift by a member of staff who could hear. This meant the provider attempted to cover all eventualities to reduce the risks in the event of a fire.

Staff who were deaf had access to an on line interpreter who they were able to contact and sign any concerns too, for example if a person wasn't well and needed a GP appointment. The interpreter would then contact the GP and relay verbally what the problem was. Staff also had access to a 999 text facility, a registered service for the deaf, in the event of more urgent emergencies. This meant that people were assured they would be kept safe and would receive the right treatment should this be required.

## Is the service effective?

### Our findings

Staff told us and we observed that they always sought to establish people's wishes and obtain their consent before providing care and support. Staff explained how the support role took time as they would communicate using sign language to the person, describing the task staff intended to do before carrying it out. One member of staff told us, "We always wait for their permission. This might just be a 'thumbs up' sign or a more formal communication that they are ready." This demonstrated that people were kept informed and given choices about their care and treatment and that staff understood the importance of ensuring people were fully supported in decisions about the care and support they received.

Relatives we spoke with considered the service to be 'extremely effective' for their family members. Three relatives we spoke with told us their family members received the right support for them. Another relative of a person with a tenancy at Beach House described how the individual had 'come on in leaps and bounds' since moving to the service and receiving effective personalised care. They told us their family member's signing skills had been developed, communication skills had improved and as a result of this, their independence was promoted in all aspects of daily living, when safe to do so. The person was now able to take their own medicines, after previously being dependent and relying on full support with this aspect of care. Another relative told us, "I feel so privileged to live where I live and access this service. I don't know where I'd be without them."

It was clear that the service went to great lengths to recruit staff with particular skills that reflected the primary needs of the people using the service such as British Sign Language, as communication was the biggest barrier people had previously experienced. This was understood to be fundamental to the effective delivery of personalised care and support. Where staff were not already fluent in this language staff were provided with training to do so. Additionally, staff were required to complete an induction programme, during which they received training relevant to their roles and the support needs of people. They had their competencies observed and assessed in the work place by competent staff. Staff also received training and regular updates in a range of subjects designed to help them perform their roles effectively and according to best practice. This enabled them to meet the individual complex needs of people effectively and evidence positive outcomes for people including more independence, positive risk taking and improving health and wellbeing.

New staff were signed up to the Care Certificate standards and were expected to complete this within the first 12 weeks of employment. The service was committed to the continual development of staff and the service, and as such there was the expectation that all staff would enrol with partner organisations to achieve certification equivalent to an NVQ Level 3 in Health and Social Care. The training matrix reflected that 75% of permanent staff held an NVQ level 3 or above; staff told us they were encouraged to undertake the NVQ level 5 for personal development and progression and we could see that some had taken the opportunity to undertake level 5 qualification. We saw a copy of the company's training and development plan. This clearly outlined the induction process, the elements of the Care Certificate that would be covered and the increased continual professional development expected of all staff to improve the quality of the service for people in their care.

We were sent a copy of the provider's training matrix, which confirmed staff received training in areas such as moving and handling, food hygiene and safety, medicines, health and safety, first aid and infection control. Most of the training was provided on site as the provider had access to a boardroom space that doubled as a training room. The training matrix also displayed staff's competency levels attained in British Sign Language (BSL), ranging from BSL Level 1 to Level 3, or listed staff as native BSL users. Of 34 staff, 19 were native users of BSL with two staff having achieved level 1, seven level 2 and five staff level 3. We saw that one member of staff employed since 1 May 2017 was currently working towards level 1 in BSL. Staff in house training was enhanced further with other online training. Support was available for staff either from the registered manager's or team leaders to ensure staff understood the content. The provider had access to independent interpreters and we saw two on site on the first day of our inspection. The interpreters were providing support for a scheduled management meeting attended by both registered managers and team leaders.

Staff also received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. They were trained and had access to information and best practice guidance about how to care for people. For example, we saw that training was provided to help staff support people with specific health needs, such as Parkinson's disease. People with this diagnosis benefitted from staff who had received training and understood this condition and this resulted in positive outcomes for people. Staff were more knowledgeable about the disease and therefore, could meet people's health and well being needs, whilst also communicating in sign language how care and support would be provided. People were kept involved, informed and received effective, appropriate care.

Another staff member commented, "I had a full induction and found it really useful." They explained that as well as the elements of formal training this was complemented with shadowing opportunities. Shadowing is when a person is supported with a qualified member of staff to learn and become competent in their role. Prior to administering medicines they observed medicines being administered and similarly were observed by a team leader when personally administering medicines to individuals. They assured us that they were not expected to undertake this role until fully confident and competent and signed off accordingly.

Staff told us and we saw from records that they had regular supervisions with the provider where their performance and development were reviewed. Staff confirmed they were provided with excellent opportunities for personal development and had all the relevant training to carry out the support worker role, including training specific to individual needs. One staff member told us, "It's on going [the training.] It doesn't stop after our induction. If there's any training we might find useful we ask and usually it happens." For example all staff had been the opportunity to undertake a level 2 certificate in Challenging Behaviour, to provide staff with relevant knowledge that could be required in the future. One staff member told us they and a colleague were to undergo a period of three months intense training with community nurses so that they could support a new client with complex health needs. Training on percutaneous endoscopic gastrostomy (PEG) feeding tubes was necessary so that staff had the required knowledge to meet the person's needs. A PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The staff member told us that regular observations would be carried out by the nursing team to ensure that staff remained competent and confident so the individual was assured of receiving safe and effective care.

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. We checked whether the service was working within the principles of the MCA and found that they were.

The service met the needs of adults of all ages, including those transitioning from children's services, and supported people into their own tenancies or into a supported living environment at Beach House. We saw two examples of the input from SEA Recruitment Agency into the best interest decision-making process regarding people's accommodation choices. Staff providing care and support are often aware of what the person's views and wishes are and which family and friends also need to be involved in the decision-making process. This meant that the provider was involved with the individual from the onset and people receiving care were assured of consistency in their support and could be confident that any decisions made were done so with their best interests in mind.

We saw minutes of two meetings held in September and October 2016 to discuss an individual moving into Beach House, which had been attended by representatives of SEA Recruitment Agency, a social worker and the individual's relative. At the first meeting it had been decided that it was not in the person's best interests to inform them of the move to Beach House due to possible anxieties and over excitement. Transition plans were outlined about a gradual introduction to the house, including shopping trips in the local area. Staff from SEA currently supporting the individual would move with the person initially to provide continuity of care and assist with the settling in process.

In the second meeting both the registered manager of SEA and the individual's keyworker were present. This meant that the keyworker was fully involved in the process and could support the individual appropriately. In the five weeks between the two meetings it was documented that the person had visited Beach House regularly, had chosen their own room and would be involved in choosing the décor prior to moving in. At the time of our inspection we saw that this had been done and the person's bedroom was decorated in their favourite colour and highly personalised. A relative told us how the person had 'blossomed' since moving to Beach House, with improved mobility, wider use of signing and an increased independence. We saw one example of this with regards to medicines. Originally on moving to Beach House in October 2016 one individual had been assessed as level 4; needing full support with administration of medicines. With one to one support and a wider knowledge of signs the individual was now level 3. This meant that they received some support with medicines and we saw during our visit staff hand the blister packed medicines for the person to take themselves. The person could now indicate to staff through signing when they weren't well, or needed their inhaler, prescribed on a PRN basis. This meant that independence, choice and control for the individual was increased and highlighted the effectiveness of the support being provided. This ultimately resulted in an improved quality of life for the person.

One person chose to remain in his own flat and did not want to move to Beach House. The person had the capacity to make the decision with regards to where they chose to live, however it wasn't clear if they understood the responsibilities that were attached to having a permanent tenancy. We saw the lengths the service had gone to in assessing a person's capacity with regards to understanding and signing their own tenancy agreement. They had worked in partnership with the housing trust, using the trust's visual tenancy agreement. We saw that this had been backed up with the use of a visual display board, devised by support staff, to further help the individual understand the responsibilities that came with managing a tenancy. The visual display board contained pictures with phrases, indicating what the person needed to do to maintain the tenancy, for example put the rubbish out, pay the rent and keep to the house rules. This was part of the support plan to help them achieve managing their own tenancy. We saw that the service judged the person did have capacity to manage their own tenancy and that this had been a big success for the individual.

Staff understood the importance of eating and drinking well and supported the people living at Beach House with food shopping and meal preparation. They educated and encouraged people to eat healthy and nutritious food and prompted people to drink sufficient amounts to keep hydrated. We saw that staff spent time discussing food options, using appropriate pictures and signs to help people make informed choices. A shopping list was then drawn up with the food items and ingredients required and people were encouraged to develop their independence whilst assisted to shop. The positive relationships nurtured by staff and their approach to nutrition ensured that people's health was improved.

One staff member told us how one person had previously followed an unhealthy diet. Support staff recognised this was a potential health concern for the person and staff had slowly promoted and introduced a healthier diet, explaining and ensuring that the individual understood the benefits of making healthier food choices. The member of staff told us "We try and encourage healthy eating; it's important that we take the time to explain to people." They told us that the person's diet had changed as a result of the input from staff and healthier options, such as water, juice and fruit, were now their first choice. This had resulted in a loss of weight for the person and a significant improvement in their health and wellbeing.

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being.

Links with health and social care services were excellent. People were encouraged and supported to access appropriate health and social care services in a timely way and received the on-going care they needed. One relative told us about the flexibility of the service when they asked for support for GP or hospital appointments and said, "They're very good. They go out of their way to try and accommodate us."

We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way. Staff, relatives and health professionals provided us with examples when people had succeeded and the quality of life improved with support from SEA Recruitment Agency where other care companies had failed. This was attributed to the excellent communication skills that care workers had and their ability to communicate with people receiving a service in their first language, British Sign Language.

For example, one person had been supported to visit the dentist and had allowed the dentist to undertake some work on their teeth for the first time. We spoke with their relative who told us this was a major achievement for the individual as they had previously refused any dental intervention. The relative praised the service who in their opinion had 'gone the extra mile' to reassure their family member, having encouraged them to engage with the dentist. This situation not only had a positive impact on the individual's oral health but also on their emotional health, as their confidence had considerably increased, we were told.

We saw the lengths the service had gone to in order to avoid a person undergoing sedation prior to a nurse taking bloods. They had accompanied the person to the surgery, explained to them what would happen and then approached the surgery to see if the person could watch the procedure first. After gaining permission from a member of the public the person had been able to witness first-hand what would happen and this had helped to reduce their anxiety by increasing their knowledge and understanding of the procedure. The outcome was a positive one as bloods were taken without the need for sedation and eliminated the risks associated to this medication. When we spoke to a relative about this they confirmed that this was a big step for their family member and told us, "I'm really chuffed that they've been able to do it. They've done really

well." This showed us that the service demonstrated patience and understanding and looked at involving and informing individuals in their care to make it effective for them and constantly improve the quality of their lives.

Prior to our inspection we contacted healthcare professionals involved with the service for feedback. One healthcare professional told us that since being with SEA problems had greatly reduced and family had fed back how positive their relatives were now they could communicate with their care workers. The company had been proactive in liaising with the GP, family and the social worker to keep them updated with any problems and positive feedback. Meetings were called with interpreters as required to resolve problems and to ensure the clients understood about the package of support being delivered and that they were fully included in any decisions made about them.

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. A relative said, "It's been fantastic since SEA [Recruitment Agency] took over the care. All the carers are either deaf or are able to use sign language." Another expressed how happy they were with the support delivered to their family member and told us, "I'm more than happy with them. I'd tell them if I wasn't and I'd tell CQC as well."

We saw that staff helped and supported people with dignity and respected their privacy at all times. A relative we spoke with confirmed this and told us, "My [relative] isn't able to get around. They show him a lot of dignity. I find it [the service] excellent." We asked for specific ways in which dignity was maintained and relatives told us, "I've told them only males [care workers] and they've sent only males. I'd tell them straight away if they didn't." A relative also said, "They've come up with their own system between them," and described how care workers provided assistance to their family member when they required the toilet. Staff helped the person to the toilet and then discreetly withdrew, leaving the door ajar, and therefore affording dignity to the individual. Care workers were then able to sign to the person at regular intervals who signed back once assistance was required again.

Care staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. People were supported to maintain positive relationships with friends, family members and new relationships were encouraged and formed. We asked one relative if there were any restrictions on visiting their family member living at Beach House and they told us, "The only restriction is if they are in. [Person's name] is so busy getting out and about so I always check before I go."

We saw and were told how people's quality of life had changed and improved because of SEA Recruitment Agency's input and care. People living at Beach House had gained more confidence and their signing skills had improved. We saw that individuals had their independence promoted wherever possible so that life skills could be developed and maintained. One person was now more independent at taking medicines.

Staff told us about the compatibility aspects that the service took into account when 'matching' support workers and people receiving a service. We saw that people were matched with certain members of staff based on a number of factors, for example gender, race, age, specific skills and interests. Staff recognised the importance of compatibility for the client and acknowledged that they didn't always get it right the first time. One member of staff explained how one person had not welcomed support from a young female member of staff. The provider had realised that this was not the right support for the person and an older, male care worker was now providing regular support. A staff member told us, "A good rapport is important. It's finding that balance. We always ask for feedback as we want the clients to be happy." This demonstrated that the service was caring and took steps to ensure people were provided with the right support for them.

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided. One staff member said, "When we start to support an individual we sit and discuss what

particular needs they have and how they want us to do it. We would always ask what they want, offer advice and guidance maybe, but ultimately it's their choice." Another staff member described the importance of allowing people to do what they could and retain their independence and said, "Independence is important for everyone. We prompt rather than do and encourage people to maintain the life skills they have, but also gain new ones."

We found that confidentiality was well maintained and that information held about people's health, support needs and medical histories were kept secure. Some folders stored electronically, for example staff supervision information, were only accessible to those managers and staff who needed to system Information about advocacy services and how to access independent advice was available in the service user guide.



## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took full account of their abilities, personal circumstances and any background history. Care plans were personalised and captured the individual well and all the personal, individual details that mattered to them.

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care, the medicines they needed help with, dietary needs and how they wanted to be supported. For example we saw staff were able to adapt to people's individual preferences with regards to methods and types of communication.

Another relative considered the service to be 'very responsive.' They explained that the service was specifically commissioned for one member of the family but how another relative, who was also deaf, benefitted too. They told us, "They bring mum in on the conversation too; they talk to her and make her a cup of tea." The relative went on to tell us about the positive changes the care workers had made to their family member's life and said, "I've seen a big change in my relative. Carers keep him up to date with current things happening in the deaf world." They were particularly complimentary about the team of care workers providing the support and told us, "They are all fantastic."

We saw that people were supported by a care worker who could also communicate verbally, when they attended appointments. The support worker was able to assist the individual with communication by verbalising information to health professionals and also signing information to and from the person. This meant that individuals' care preferences were properly understood and planned in accordance with their wishes. Staff supported people with all aspects of their lives from shopping, cooking, housing, finances and attending appointments as well as with personal care.

One example of this was where staff had received specific training and guidance from occupational therapists with regards to assisting an individual with their mobility regime. Their mobility had been affected after an accident whilst on holiday and the provider had worked extremely hard to help the individual to return to their own home. Both professionals and staff recognised that the individual responded better to advice and guidance from support staff, as they had the appropriate communication skills to inform the person what to do in following a specific routine when mobilising upstairs. Staff had used the training and knowledge to help and support the individual to manage their condition better. They liaised with other professionals, kept relatives informed and updated care plans with relevant information. A relative told us how staff had worked at the person's own pace and contributed to the person's wellbeing and said, "He's a very happy young man now. They've helped him to regain his confidence." This meant that staff had access to guidance that had been personalised to the individual, tailored to their specific needs and this contributed to staff being able to deliver safe and effective care and support.

The service recognised that good sexual health was important to individuals, if this was their choice, and a

member of staff gave us evidence of how the service had supported one individual by the promotion of positive attitudes towards appropriate sexual expression, education and by developing a person centred approach in this area. In doing so this work had delivered positive outcomes for the individual in relation to fulfilment, mood and behaviours, for example. It also highlighted that the provider and staff respected and addressed people's human rights and helped people to deal with any sexual feelings and express these in private and with dignity.

We looked at the provider's Statement of Purpose which stated SEA Recruitment Agency's policy was to promote the maintenance of clients' normal social network and social activities. We saw that opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at their home and in the community.

One relative said, "The staff are more aware of what is available in the community for deaf people. It's a very inclusive service." They went on to tell us about the support their family members received to access the community, visiting several deaf clubs in the north west area and a local deaf café. The relative added that a support worker had also taken the person to visit a friend in a nursing home and told us, "Without this service they wouldn't be able to do it." They told us that since accessing the service their family member's quality of life had improved and this had positively impacted on their health and well-being.

One person had relocated to take up a tenancy at Beach House, the supported living service near to the Liverpool area. When living in Manchester the person had undertaken a voluntary role in a hotel setting, making beds and undertaking other duties. They had enjoyed the role and had become an integral member of the staff team. The provider established links with a hotel in the same chain local to Liverpool and facilitated a transfer for the individual. We saw a video clip of the person supported by a staff member in their new working environment and saw that they enjoyed the tasks they were carrying out in the hotel.

All the above examples demonstrated that the service encouraged and assisted people to maintain or re-establish family ties, community links and friendships that were important and beneficial to them. People were supported to participate in meaningful activities that integrated them within their local communities and made them feel valued.

People were supported to achieve their goals and become more independent. Staff told us how one person using the service was deaf and registered blind, but was able to see shapes and shadows. They had made the decision they wanted to do go karting as the individual had always wanted to drive. Given that the individual had capacity in this matter staff had undertaken a risk assessment and had approached a karting company, who agreed to make necessary adjustments. The person was allowed to drive round the track alone in a controlled environment, after undergoing a safety demonstration. Support staff and go karting staff were able to communicate with the individual by touch having agreed specific instructions, such as 'stop' and 'go', with touches to different parts of the shoulders and arms. This had been so successful the individual now wanted to drive a real car. Driving a car round a track is something staff are exploring for the future for the individual. This demonstrated the provider was proactive in seeking out ways of positive risk taking so that individuals could satisfy their wants, dreams and desires and did not limit their activities due to their disabilities.

The provider had established links with the community, for example with a local hotel, a charity shop and deaf clubs in several localities. The provider had links with other establishments that also provided services for deaf people, including The Seashell Trust and Cygnet hospital in Bury, having supplied agency staff to offer specialist support for people in the hospital who were deaf. People were supported to attend the annual Deaf Rally, held in Blackpool, and this was combined with a short break for some clients supported

by staff in a hotel. As a large proportion of staff providing the support were also deaf, knowledge about what was available for deaf people was excellent. Staff brought with them a wealth of relevant knowledge and first-hand experience of living with deafness and provided people using the service with opportunities to experience life in the community, on a level that some people had never experienced before.

We saw that information and guidance about how to make a complaint was made available in the service user guide. People were aware of how to complain and felt that the provider and staff were very approachable and responsive to their needs. We saw a signed version of the compliments, comments and complaints policy on the company's software programme, Drop Box. All staff had access to this signed policy and were able to share this with clients on tablets and mobile phones provided by the company.

We saw one complaint was made on 17 April 2017 and recorded on the complaints log. We reviewed the evidence detailing how the service had addressed and resolved the complaint. One aspect of the complaint was in relation to medicines that had not been taken and the person needed prompting to apply medicated creams. The complaint had been assigned to a team leader who had carried out initial investigations and visited the client's property. Any identified issues were logged on the complaint form as well as corresponding actions taken to rectify the issues. The complaint report also included a report that clarified staff responsibilities and actions going forward. Any updates made to care plans as a result of the complaint were also stated here. The report was authorised and signed off by a registered manager and we saw that this complaint had been resolved on 23 April 2017. This demonstrated the provider had responsive systems in place to deal with complaints and a commitment to improve practice as a result of receiving a complaint.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about their care and support. One relative had telephoned the local authority to complain about the late arrival of staff providing support for a family member. The service had involved all support workers in the package to try and resolve the issue of delayed staff, caused by the build-up of traffic in the area. The suggestion was to move the support time to an earlier time slot to avoid the busy time. This had been trialled with the individual and reviewed two months later. The earlier support times were a success, suited the individual and staff were not delayed. This meant that the service listened to concerns and management responded to any complaints or concerns raised in a prompt and positive way.

The provider's statement of purpose signposted people and their relatives to the local authority, the local clinical commissioning group, the Care Quality Commission and to the local government ombudsman in the event that they were not satisfied with the company's response to any formal complaint. The statement of purpose also provided people with information relating to independent advocates, external agents who would act in their best interests should this be required.

## Is the service well-led?

### Our findings

People who were supported by SEA Recruitment Agency, relatives, professionals and staff were all very positive about how the service operated. They were complimentary about the directors of the company, both of whom were registered managers for the service, and described them as being approachable and supportive. The registered manager responsible for all company support functions, was a registered social worker, a qualified and registered sign and language interpreter and held the Institute Of Leadership and Management Level 7 certificate. The second registered manager was accountable for all operational activities and was a native sign language user, being deaf themselves. They had gained qualifications in management, British Sign Language and as a deaf/blind communicator. One relative told us, "Fantastic service. I am very happy with [provider]. They are enthusiastic about deaf rights and deaf issues."

SEA Recruitment Agency was originally established as a recruitment agency supplying bank staff to support people living with deafness or a hearing loss. At the time of our inspection the company had grown and employed both permanent staff and bank staff, supporting people in their own homes or in other care establishments, for example in hospital environments or care homes.

Staff told us, and our observations confirmed, that the provider led by example and demonstrated strong and visible leadership. We looked at the provider's Statement of Purpose. The provider was very clear about their vision regarding the purpose of SEA Recruitment Agency and the company's principles and values were present in the service user guide. The company strived to treat all people supported by SEA and all employees with respect and ensured that clients felt safe, secure and free from discrimination whilst living the life they chose. These and other values were communicated with all people who used the service, clients as well as professionals and these core values were shared by all the staff we spoke with during the inspection. There was passion from all those involved in the company to meet the needs of people who were living with deafness and a commitment to provide positive outcomes for all those receiving a service.

The company had recently undergone a restructure as management had recognised that the old structure did not meet the needs of the growing service. There were now five team leaders each with responsibility for a team of seniors and support workers. Staff were given the opportunity to attend regular meetings and discuss issues that were important to them. The new organisational structure was shared with staff in a team meeting held in May 2017. This was the first staff meeting held since the restructure and agenda items included team building exercises and sharing personal strengths and weaknesses. Staff told us that meetings increased morale and they felt involved in helping to shape and direct the niche service. Staff described the service as 'absolutely amazing' and told us management were always on hand, "Everything gets actioned. The managers listen. Decisions get made straight away."

This meeting also provided staff with updates about the introduction of improved systems that would benefit staff in the future, for example the OneTouch telecare software system. The care management suite allows organisations to effectively manage all aspects of their business, from scheduling care workers and client appointments, to managing client care plans and invoicing while also offering real time communication between staff working remotely and their administrators. The company was always

exploring ways in which to improve the care experience, not only for the person but also for their families and support workers and a large aspect of this was through the use of innovative smart technology.

Staff we spoke with felt fully supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. We saw that the service had undertaken a staff feedback survey in 2017 and had printed a summary of responses. The survey had asked staff what SEA did well and what could be improved. We saw the original responses from staff who agreed that SEA Recruitment was a unique service that had an ability to match support workers to clients' needs. Staff wanted SEA Recruitments to continue to provide specialist services to meet the needs of a minority group and was positive about the development of the presence of the company in the north west area. When asked what could be improved staff suggested that more female support workers were required in the Manchester area, that additional team leaders would be beneficial and for company policies to be made available to deaf staff in the BSL signed format. We saw that the provider had taken the last suggestion on board and had started to address this.

Prior to the inspection CQC asked staff for their feedback on the well-led aspect of the service and we received 22 replies. All replied that they were given important information as soon as they needed it and 100% of respondents told us they would feel confident about reporting concerns or poor practice to managers. This demonstrated that staff considered the service was well led and that they received the right support, advice and guidance to carry out their support role function.

The provider had also started to produce visual electronic clips in sign language that were available to staff to support training and learning. We saw this demonstrated and watched a signed clip based on the whistleblowing policy. This was located on the companies Drop Box system, an electronic software programme accessible by all staff. Staff were provided with a hard copy written version of the policy but could also watch the signed clip. Staff told us this was a good tool to have and that it worked well. We saw the code of conduct for staff was also available in this format and there were plans in place to expand on these and produce signed clips for all policies and procedures. This meant that the service was working towards being fully inclusive for those staff who were deaf or hard of hearing by also having policies and procedures in a visual format. The registered manager told us that clients were signposted to the code of conduct visual clip so that they also understood what was expected of support workers and could inform the provider if they felt professional boundaries were not being maintained.

The provider confirmed that people's views were sought about how the service was run. They spoke to people regularly about the care provided and used surveys to seek people's views. The provider recognised the importance of feedback and how this was a valuable indicator that reflected the quality of the service. We saw the company had organised and held a client consultation day in May 2016 and had used a deaf club in the local area as a venue for the day. This had been attended by 12 clients plus staff. Whilst one had not been held in 2017 due to the company restructure there were plans to schedule another client consultation day to update people using the service about SEA Recruitment's future plans, to involve people in the company's growth and to seek feedback about the current service.

The provider was very knowledgeable about the people they supported. Staff understood their roles; they were clear about their responsibilities and what was expected of them. Company structure and role responsibility charts provided everyone with information that clearly outlined what was expected of them; staff were accountable but told us they could approach management at any time if they felt workloads were not manageable. It was apparent that the company valued the staff that they had and worked hard to retain them. As well as good training opportunities, supervision and appraisals the company presented annual awards to employees, one per employee for each regulated key area. This meant that staff were reminded of

the regulated aspects of the service and were rewarded for their achievements in meeting needs and outcomes of people using the service. We saw that seven staff had been given awards in five key areas in January 2017 and that all staff had been thanked by management for their efforts in 2016. Two members of staff had received awards for the 'safe' category as both ensured clients were safe and responded quickly to any risk or health issues identified for clients. In January 2017 one had also been given the new role of SEA Recruitment safeguarding officer.

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. One staff member confirmed that management were 'incredibly supportive' and that the company made reasonable adjustments to cater for staff who were deaf. They told us, "They [the management] skype me, talk face to face directly and text me constantly. It has made me a more proactive person." Staff also had access to a text talk application on company mobile phones. Staff who were deaf could text messages that were then vocalised by a relay assistant and communicated to professionals and social workers. This meant that the company ensured that all staff were fully equipped for the support worker role function.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as health and safety, care planning and training. The provider also carried out spot checks to monitor the performance of staff and quality of care and support provided.

Information gathered in relation to accidents and incidents that had occurred were personally reviewed by the registered managers. They confirmed that patterns were looked for to help identify trends to enable them to provide safe care. We saw that when accidents happened blame was not apportioned. The correct processes were carried out by the provider who ensured that learning outcomes were identified and shared with staff to try and minimise the risk of a reoccurrence. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

SEA Recruitment Services Ltd

# SEA Recruitment Services Ltd

## Inspection summary

CQC carried out an inspection of this care service on 04 July 2017, 06 July 2017 and 10 July 2017. This is a summary of what we found.

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

The inspection took place on 04, 06 and 10 July 2017 and was announced to make sure that the people we needed to speak with were available. We gave the provider 24 hours' notice of our inspection to make sure that the appropriate people were present.

SEA (Signing Enabling Access) Recruitment Services Ltd is registered to provide personal care for deaf people with other needs, such as a learning disability, blindness or a physical health condition. The service meets people's needs in their own home, at Beach House, the supported living home and in other environments, such as a care home or hospital. There were 58 people who used the service at the time of our inspection, 16 of these received personal care as regulated by the Care Quality Commission (CQC) .

There were two registered managers in post who had registered with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider for SEA Recruitment Agency is also one of the registered managers for this service.

Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were

followed to help ensure that all staff were suitably qualified and experienced.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances.

Staff were excellent in enabling people to achieve a fulfilling life, assessing any potential risks and keeping people safe. We saw that people were encouraged to take positive risks.

There were effective recruitment practices in place. Registered managers ensured they recruited staff who had not only the right skills and capabilities but also those with the right personalities, attitudes and values.

Plans, guidance and specialist equipment were available to help staff deal with unforeseen events and emergencies that might occur when providing support to people.

Staff sought to establish people's wishes and obtain their consent before providing care and support. Staff communicated using sign language, describing the task staff intended to do before carrying it out. People were kept informed about the care being provided.

Staff had regular supervisions with the provider where their performance and development were reviewed. Staff were provided with excellent opportunities for personal development and had all the relevant mandatory training to carry out the support worker role, plus other training specific to individual needs.

The service demonstrated they were working within the principles of the MCA. The provider participated in best interest meetings and assessed capacity in relation to specific decisions people had to make.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements. People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about their care and support. The provider had established links with the community and had links with other establishments that also provided services for deaf people. Staff were passionate about the role they played in supporting deaf people in their own homes and in the community.

The company's principles and core values were shared by everyone we spoke with during the inspection. They were enthusiastic about deaf rights and deaf issues. Staff told us that the provider led by example and demonstrated strong and visible leadership. Staff felt fully supported by the



management team, and were actively encouraged to have their say about any concerns they had and how the service operated.

The company structure and role responsibility charts provided everyone with information that clearly outlined what was expected of them.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as health and safety, care planning and training. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

**You can ask your care service for the full report, or find it on our website at [www.cqc.org.uk](http://www.cqc.org.uk) or by telephoning 03000 616161**