

# Care service inspection report

Full inspection

## Guide Communicator Service Housing Support Service

21 Alexandria Avenue  
Lenzie  
Glasgow



HAPPY TO TRANSLATE

Service provided by: Deafblind Scotland

Service provider number: SP2004004448

Care service number: CS2003053997

Inspection Visit Type: Announced (Short Notice)

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

Guide Communicator is a small but bespoke service covering a large geographical area, supporting Deafblind people through specialised communication skills to enjoy an improved quality of life which they may not otherwise be able to.

Service users are supported and assisted in a person-centred way and are enabled and empowered to be as independent as possible.

### What the service could do better

We considered that overall, the service performed to a high level. There were a number of areas for improvement with regards to record keeping and staff development. In particular there was inconsistency in the quality and content of support plans.

Service users and staff would benefit from additional resources and further staff training but funding constraints made this difficult.

### What the service has done since the last inspection

At our last inspection we made one requirement and five recommendations over a number of statements. At this inspection we found that these had mostly been addressed with the exception of the requirement to review and improve personal support plans which had been partially met. This said, the service continues to provide a very good service and to strive for improvement for the benefit of those it supports.

### Conclusion

Guide Communicator Service provides a specialised and valuable service to Deafblind people in the community enabling them to enjoy an improved quality of life and develop their skills in adult daily living, socialisation and employability. Their development and that of their staff is limited only by the funding available.

# 1 About the service we inspected

The Guide Communicator Service is registered to provide Support to individuals with a dual sensory impairment. The service is operated by Deafblind Scotland.

The service is based on an interpreting model focusing on communication with individuals using their chosen methods. Staff relay to individuals what is seen and heard, including spoken, non-verbal, written and environmental information. Staff will also assist and encourage individuals to develop new communication skills.

Staff within the service are trained in a range of communication methods including British Sign Language.

The support which individuals receive from the service is dependant on assessments of individual needs and decisions by funding authorities relating to allocated hours. The majority of service users receive less than five hours support per week.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following a short notice inspection of the service on 10 and 11 August 2015 between 9am and 4.30pm. The inspection was carried out by one Care Inspectorate Inspector. Feedback was given to the Service Manager on 11 August 2015.

During our inspection we:

- spoke with three service users,
- the Service Manager,
- a Trainer (also a service user),
- an Independent Interpreter,
- a Guide Communicator Translator for Black and Ethnic Minorities,
- two Chess Volunteers,
- two Guide Communicators and
- the Administration Officer.

Examined documents and records including:

- Care Standard Questionnaires,
- Personal Support Plans,
- Risk Assessments,
- Complaints file,
- Staff files including supervision,
- Reviews,
- Personal Development Plans and Training records (computerised),
- Service User Information Pack,
- Code of Ethics,
- Vision statement,
- Self Directed Support Plan (Local Authority),
- Scottish Advocacy Group on Deafblindness (SAGOD) Meetings - Minutes,

- Senior Guide Communicator Meetings - Minutes,
- In-Service Meetings - minutes, accident/incident reports
- Evidence of Successful Outcomes including video footage.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Self assessment was fully completed and submitted on time.

## Taking the views of people using the care service into account

The service considered the views and opinions of service users at all times.

## Taking carers' views into account

Although there were not many carers available, the service consulted with those who were.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

#### Service Strengths

We considered that service users using the Guide Communicator Service not only participated in the improvement of the quality of service but also shaped the way in which the service was delivered.

By adopting a person-centred and needs-based approach to support, the service were required to make a very thorough assessment of the needs and wishes of the service user while maintaining and promoting independence. This meant that a strong working relationship had to be developed to create a support plan which was constructed around the individual. In this way, the values, ethos and methodology adopted by the service was entirely influenced and informed by the service users it supported.

We noted when examining support plans, consulting with service users and observing support being given in a number of contexts that a significant level of trust and knowledge was required. Many service users had had negative experiences through poor, inappropriate or virtually non-existent support throughout their lives and only support which exactly matched their specific needs and level of impairment would be acceptable.

Service users fully participated in reviews, meetings, training and development in order to ensure that their needs, wishes and preferences were considered and incorporated into service delivery.

We considered that in these and other ways, service users had a very significant impact and influence upon the way in which the service operated and over prospective improvements in quality.

### **Areas for improvement**

The service should continue to provide every opportunity for service users to participate in the improvement of quality of service provision.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

"We respond to service users' care and support needs using person centered values."

### Service Strengths

We considered that the service used person-centred values to inform all aspects of support provided to service users.

We noted that the service's 'vision' was "a society in which Deafblind people have the permanent support and recognition necessary to be equal citizens".

As previously stated, we examined support plans and observed interaction between Guide Communicators and service users which was truly person-centred and individualised. Service users presented with a wide variety of sensory impairment often combined with other physical or mental health issues.

This necessitated a finely tuned assessment of need and resultant support plan which required time and patience by both service user and staff to develop. Many service users were both Deaf and Blind. Many also had no speech. We learned that several who were born Deaf but had sight had learned sign language in their earlier years. Some had then gone on to also lose their sight and had to learn Touch or Tactile Signing to communicate.

Guide Communicators were required to be skilled in the use of British Sign Language, Level 1 and 2 as a minimum requirement and would go on to develop further communication skills such as Tactile Signing. During our inspection we observed a number of communication methods being used often in combination. These included Lip Reading, British Sign Language (BSL), Tactile BSL and Deafblind Manual. We also learned of the use of tactile methods of 'reading' including Braille and Moon.

We were told of and were shown evidence of a number of success stories and triumphs over adversity involving people using the service. We viewed a video recording of a service user who, through enabling communication, was now

regularly participating in boxing and gym classes and had found a new purpose in life.

We spoke to a Guide Communicator and Translator who specialised in supporting Black and Ethnic Minority service users. We were told of how receiving and accepting support was particularly difficult for this group. We were given examples of how individuals' lives had been turned around and in some cases were able to cease their previous dependency upon medication through increased confidence and an improved level of understanding and communication.

We saw evidence of well established relationships and multi-agency working with health and social care professionals who valued the specialist support provided by the service often making communication possible when it previously was not.

We observed service users being supported to play chess with volunteers. It was apparent that they enjoyed and looked forward to such occasions and were skilful players often holding their own against experienced sighted players.

### **Areas for improvement**

We considered on our examination of support plans and speaking with staff that there existed the potential for a higher level of support to service users with an expansion of the support provided. This was however not possible due to financial constraints. We were aware that a service of this type was rare and therefore demand exceeded supply in terms of available resources and particularly available staff. This inevitably resulted in Deafblind service users being disadvantaged in comparison with service users in other types of service.

We noted while examining support plans that a number of improvements were desirable. Risk assessments identified individual areas of intervention where risks had been described but were too broad and generic. We made a recommendation regarding this.

See Recommendation 1

The review section was large and complex and could be simplified and more outcomes-focussed. Some plans did not have an index making reference more

difficult. We also recommend the use of a 'one page profile' in support plans which give the reader a quick and concise introduction to the individual concerned. We made a recommendation regarding this. See Recommendation 2

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 2**

1. The service should review its method of recording risk assessments to ensure that each area of perceived risk is identified and fully recorded, in order of priority, for ease of reference.

NCS 10 Support Services - Feeling Safe and Secure.

2. The service should consider the use of a 'one page profile' at the beginning of each service user support plan to provide a brief and concise introduction to the service user for the benefit of the reader. There should be more evidence of an emphasis upon desired outcomes.

NCS 4 Support Services - Support Arrangements.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

The evidence reported at Statement 1:1 is also relevant here. We considered for a number of reasons, that the service were able to demonstrate that service users participated in the improvement of quality of staff.

Service users participated in regular reviews, meetings and other arranged events. They also completed questionnaires all of which provided opportunities for them to make comment upon and effect change regarding the quality of staffing.

We noted that, by necessity, service users and Guide Communicators had a special and trusting relationship which was slowly developed over time. This not only enabled service users views and concerns to be identified but exposed when things were not going well for whatever reason. At such times, the service was willing to review support in line with service users' wishes.

We considered that in these ways, service users and in some cases their family carers were able to influence the improvement of quality of staff within the service. This was inevitably linked to the success or otherwise of each supporting relationship between Guide Communicators and service users.

We noted that service users were involved in staff training and also staff recruitment at all levels including Service Manager, Chief Executive and Board Members. We were advised that six Trustees of the charity were Deafblind four of whom were regular users of the service.

## Areas for improvement

We noted through speaking to staff and consulting questionnaires returned by them that only two had full time contracts while others worked flexible hours. We were concerned that while this may work well in some cases there may be implications for continuity of staffing for service users and insecurity for staff members.

We felt that staff consultation could be more effective and were advised that this was being addressed with new staff questionnaires planned.

In terms of staff training, staff were trained to the required level. However, staff were keen to have further training to improve their practice. This included Mental Health and Dementia Training. The service should make further relevant training available to staff whenever possible.

The service should continue to seek ways for service users and their family carers to participate in the assessment and improvement of staff quality.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

### Service Strengths

We considered that the service performed well in this area.

During our inspection we examined support plans pertaining to individual service users, spoke to service users via Interpreters and Communicators and spoke to staff. We also observed Guide Communicators supporting and interacting with service users in a number of settings.

Support plans were specifically designed around the individual needs and wishes of service users. These were often very complex to ensure that support was acceptable, appropriate and effective. Plans were often adjusted and amended as circumstances and corresponding needs and requirements changed. This, in a very real sense, respected the support needs and wishes of each individual.

We observed staff and managers supporting service users to communicate and facilitate participation in activities, meetings and problem solving. Great care was taken to check for understanding repeating the process if required. Staff were willing and often did change their method of communicating and approach if it was apparent that the service user did not understand or could not be understood. Staff took the position that achieving effective communication was their responsibility as service users were already doing all they could to this end.

We noted that staff also had great mutual respect for each other and the professional skills they possessed. This ensured that despite the relatively small number of staff available, staff supported each other in a variety of ways.

We concluded that the service and their staff in particular displayed an ethos of respect not only towards those they supported but also towards each other.

## Areas for improvement

The service should continue to support service users in a respectful and person-centred way.

Staff should continue to appreciate and respect each others skills and contribution to the provision of quality support.

## Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

### Service Strengths

The evidence reported at Statements 1:1 and 3:1 above are also relevant here.

We also considered that the management's availability to service users and their family carers and their personal knowledge of and involvement with service users was significant. We noted that the Service Manager was herself a skilled Guide Communicator and Interpreter proficient in a variety of techniques and styles which were used to great effect to augment the support provided to service users.

### Areas for improvement

The service should continue to seek ways in which service users and family carers can contribute to the improvement of the quality of management and leadership of the service.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

#### Service Strengths

We considered that the Manager and leaders of the service led by example and were willing and able to actively contribute to service provision and improvement.

Guide Communicator staff were encouraged and indeed were required to work independently and autonomously within the boundaries of agreed support plans. The very nature of support given and the variety and complexity of the approaches and methods employed required a great deal of discretion to be used by practitioners.

We examined staff supervision and training records which demonstrated that the service placed considerable emphasis upon the skills and proficiency levels required by staff and the quality of support provided by them.

We therefore concluded that staff were required to and did display the values of leadership particularly in an individually practiced way.

#### Areas for improvement

As indicated previously, having consulted with staff members and examined supervision and training records, we formed the opinion that given sufficient motivation and the funds and resources to support same, further development of leadership values and skills may be achieved.

The service should be aware of the desires and ambitions of staff to develop within their role both personally and professionally by way of further education, training and experience and support this wherever possible.

#### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

1. The provider must ensure that service users' care reviews are undertaken on a minimum frequency of six monthly intervals.

This is in order to comply with SSI 2011/210 Regulation 5(c) - Personal plans.

Timescale for implementation: On receipt of this report

This requirement was made on 15 October 2013

Support reviews are undertaken at six monthly intervals or sooner if required.

Met - Outwith Timescales

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. 1.1 Questionnaires should be dated upon their return and clearly state what action has been taken.

This recommendation was made on 15 October 2013

Various feedback methods are now in place to ensure that any issues are addressed and responded to.

2. 1.3 The service should develop an intermediate accident/incident log to allow immediate response.

**This recommendation was made on 15 October 2013**

In place and implemented.

**3. 3.3 The service should develop staff supervision records and improve the information held.**

**This recommendation was made on 15 October 2013**

Records have been improved and now include PDA, SVQ and other information to monitor progress and development.

**4. 4.4 Local analysis of accidents and audits should be introduced in order to identify traits.**

**This recommendation was made on 15 October 2013**

The service now operates a database to record and analyse such matters.

**5. 4.4 The service should develop more formal quality assurance systems.**

**This recommendation was made on 15 October 2013**

The service has developed a number of quality assurance systems including external auditing.

## **6 Complaints**

No complaints have been upheld, or partially upheld, since the last inspection.

## **7 Enforcements**

We have taken no enforcement action against this care service since the last inspection.

## **8 Additional Information**

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
6 Sep 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 4 - Good
7 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
18 Dec 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good 4 - Good

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