

# Guide Communicator Service Housing Support Service

1 Neasham Drive  
Kirkintilloch  
G66 3FA

Telephone: 01417 776 111

**Type of inspection:**  
Unannounced

**Completed on:**  
15 November 2023

**Service provided by:**  
Deafblind Scotland

**Service provider number:**  
SP2004004448

**Service no:**  
CS2003053997

## About the service

Guide Communicator Service is registered as a housing support and care at home service and provides support to individuals with dual sensory loss. The service registered with the Care Inspectorate in 2011. The provider of the service is Deafblind Scotland which is a national organisation and support is provided over many local authority areas. The purpose-built office based in Kirkintilloch was opened in 2017 and offers drop-in support, activities and advisory group meetings that people can attend.

Staff within the service are trained in a range of communication methods to support those with sensory loss including, but not limited to, (BSL) British Sign Language, Deafblind Manual and hands on tactile sign language. The role of staff is to support individuals as their guide/ communicator. People are supported to get to places, navigate their environment and communicate effectively with others. In addition they are supported to access information in their preferred communication method.

There were 57 people using the service at the time of the inspection. Support hours varied and were assessed on an individual basis.

## About the inspection

This was an unannounced inspection which took place on 6 and 7 November 2023. The inspection was carried out by 2 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 8 people using the service and 5 of their family/friends/representatives
- Spoke with 9 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with 3 visiting professionals

**Key messages**

- The service acknowledged and respected people's knowledge and experience. Supported people, their families and external health and social care professionals were very positive about the care and support provided.
- People's guide/ communicators provided them with appropriate and very effective support based on their needs and wishes. Support was provided in a person-centred manner in line with their goals and aspirations.
- Physical health and emotional wellbeing were very effectively supported by the service. People were positive about the vital nature of the guide/ communicator service in terms of maintaining or improving their health.
- The management team were effective in terms of quality assurance. We made some suggestions regarding ongoing staff competency checks and about risk assessments.

**From this inspection we evaluated this service as:**

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

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good

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

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We spent time at the office base of the service and met with management, staff and supported people. We were able to witness some planned activities that people can drop in to, an online session and visited some supported people at home. We saw warm and compassionate interactions between people and their guide/communicators. Guide/communicators were clear to tell us that they were there to support people in their own chosen activities and in a way that suited their communication needs. We could see that people were comfortable with their guide/communicators and had built up trusting relationships together. Guide/communicators were matched based on the communication methods that people used. Staff and people appeared to know each other well and communication was facilitated in a holistic manner by staff who were able to provide appropriate support. This included support to attend medical appointments, enjoy the whole atmosphere of a football match or for daily living tasks.

The service acknowledged and respected people's knowledge and experience. Some people who used the service were also involved in providing training on communication to staff and others. The service did seek feedback from people and one lady was pleased to tell us that her suggestions had been added to the five year development plan for the service. Communication books were in use in people's homes, but alternatives were found if these were not wanted by people. We heard from people that the service was vital to them, and they would like more guide/communicators and additional hours. The service were actively recruiting at the time of our visit. We were reassured that people experienced compassion, dignity and respect.

People told us:

'they care about me'  
'joining Deafblind Scotland is the best thing ever'  
'I'd probably not be here if Deafblind Scotland wasn't here'

Relatives told us:

'to say I am very comfortable with Deafblind Scotland would be an understatement'  
'a lifesaver, otherwise he'd be isolated'  
'understanding and compassion is second to none'

External professionals told us:

'very professional and an integral part of some of our patients' lives'  
'helpful and supportive'  
'nothing but impressed by the skill displayed in this very challenging and unique field of communication'

We spent time visiting a BSL (British Sign Language) cafe where people were learning and sharing their skills with each other. This was also true of an online story-telling group where people used their guide/communicators to facilitate the session.

We heard that the service facilitated all types of communication for people using this service. This included attending events and activities, daily living skills, attending medical appointments and practical tasks like support to read mail and texts or making phone calls. One person was able to tell us how important his facilitated holidays were to him and how the service enabled him to negotiate additional guide/communicator hours.

People's support plans were outcome focussed and people were encouraged to identify and work towards these goals. Regular reviews by the service ensured people's aspirations were current and reflected their wishes. We heard about judo, drumming, bingo and cycling as well as attending football matches and social events. The service had matched a person who wanted to batch cook with a guide/communicator who was also interested in cooking. Several people told us that more guide/communicators and more hours were needed. It was clear that the service was vitally important in reducing the impact of social isolation and enabling people to get the most out of life.

During the course of the inspection, we saw evidence that staff were attentive to people's health and wellbeing. This included both physical health and emotional wellbeing. Trust in the guide/communicators was of huge importance to people using the service. Any concerns were noted and acted upon, and the service was able to advocate on people's behalf when needed. The service were proactive in working with people to learn alternative communication methods before any further sensory loss progressed. People told us that their guide/communicator helped them to read and manage their prescriptions or supported them to be aware of food sell by dates. Any medical appointments that people had were prioritised and recognised as a very important part of the service.

One supported person utilised their guide/communicator hours to coincide with their care at home support from another agency. Without this vital guide/communicator support there would have been no effective communication between the person and their care at home staff. Support was also available to enable people to make and maintain social contacts with their family and friends as well as the wider community. Feedback that the service had gathered from people further evidenced that people's health and wellbeing benefitted from their care and support.

## How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We met staff who were passionate and knowledgeable about their roles, although some supported people did feel that not all staff were equally skilled, and some could benefit from additional training. The service did have an improvement plan in place and had identified formal training for staff. However, this plan would have benefitted from more detailed recording of progress made towards the identified goals. The service provided an overview of staff learning and development and this showed training included an induction process, staff shadowing and was happening at a good pace. Staff felt well supported by their peers, the management team and the wider organisation. Team meetings and staff supervision sessions were regular, but recordings weren't always used to their full potential in terms of action plans, targets and timescales. Staff competencies were observed for new staff, but we suggested that the service should continue this on an ongoing basis for all staff (**see area for improvement 1**).

The service provided us with some policies and information packs which contained some guidance and contacts that were outdated and would benefit from review. For example, the IPC (Infection Prevention and Control) policy could have been more detailed and could have included effective staff practice within any competency observations. There was evidence that the service requested ongoing feedback from people and had collected this information regularly via different methods. The regular reviews that the service held with people were important, but we asked the service to consider recording these reviews separately from people's support plans to ensure agreed actions were effectively captured.

There were risk assessments in place for most eventualities and the service had considered impacts on both staff and supported people. Although the service is not premises based, we did feel the service should give further consideration to fire safety and evacuation procedures. Any new risk assessment should cover any activities at the office base and fire risks or evacuation issues in people's own homes (**see area for improvement 2**).

The service were keeping logs of accidents and incidents and making appropriate adult support and protection referrals to local authorities. There had been very few complaints received by the service but people assured us that they were confident in how to complain and were sure that the service would take their complaints seriously. The few complaints that had been made were about there being a shortage of guide/ communicators. Ongoing recruitment was underway and service co-ordinators were planning rotas for maximum effectiveness for as many people as they could. It was clear that any shortfall was due to fewer suitably qualified or experienced candidates for vacancies than through any planning oversights. Overall, we were satisfied that quality and assurance was led well.

## Areas for improvement

1. The service should complete competency based checks on all staff on an ongoing and routine basis. These competencies should include the current checks, with the addition of IPC (Infection Prevention and Control) knowledge and practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

2. The service should ensure they fully consider the risks associated with fire safety and evacuation procedures. This should include, but is not limited to, activities at the service office and in people's own homes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty' (HSCS 3.18)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good



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Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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