

SignHealth

# SignHealth Polestar

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 27 January and the 24 February 2016 and was unannounced.

At our last inspection on 8 August 2014, we found that the provider was meeting all of the requirements of the regulations we reviewed.

Sign Health Polestar is registered to provide accommodation and personal care for six people with a sensory impairment and may also have a learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were six people living at the location. People all lived in their own individual flats within the location but had access to a communal living and dining area if required.

At the time of our inspection there was a Registered Manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs. People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion and there was positive communication and interaction with staff.

People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well. People benefitted from opportunities to take part in activities that they enjoyed and what was important to them.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take appropriate action. Information was available around the home in easy read formats for people.

The provider had management systems in place to audit, assess and monitor the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

### Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and knew them well.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with their relatives.

Complaints procedures were in place for people and relatives to voice their concerns. Staff understood when people were unhappy so that they could respond appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

# SignHealth Polestar

## **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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 January and 24 February 2016 and was unannounced. The membership of the inspection team comprised of one inspector and a British Sign Language (BSL) Interpreter.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also spoke with the local authority safeguarding team.

During our inspection we spoke with four people, two members of staff, the manager and two relatives. We looked at the care records of three people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

# Is the service safe?

## Our findings

During our inspection we saw that staff had the skills and knowledge to reduce the risk of harm to people. Staff told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A person we spoke with told us, "I feel safe, the staff look after me". Another person told us, "If I'm worried about things, I tell the manager, he always helps". Staff told us that they understood the signs to look out for that might indicate if someone was at risk of abuse. One staff member we spoke with told us about some of the signs that might indicate if someone was being abused, "If they were nervous, frightened or their body language might change". They went on to tell us how they would respond if they recognised that someone was at risk of harm or abuse, "I'd talk to them in private, support them and report it to the manager". We asked a relative if they felt that staff protected people from the risk of harm and abuse, they told us, "We're happy with the care and support, [person's name] is looked after well". A relative also told us how they never felt that their relative was neglected. We saw that the provider had processes in place to support staff with information if they had concerns about people's safety.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about potential risks to them. A person we spoke with told us how they were involved in completing their own risk assessment, they told us, "We're currently updating my risk assessment". We saw that the provider carried out regular risk assessments which involved the person, their family [when required] and staff. We saw that individual care plans contained information to mitigate risk. For example, each person had a personal emergency evacuation plan, that staff knew how to implement to keep people safe. We observed a staff handover meeting where changes that were required to maintain a person's safety were discussed and recorded. This meant that staff shared information to ensure that people's care and support needs were consistently maintained.

The provider had emergency procedures in place to support people in the event of a fire and staff were able to explain how they would do this. We observed a fire drill and saw how staff supported people to evacuate the location safely. We saw a member of staff leading a person who required additional support, from their flat to the evacuation point. A person we spoke with told us, "I know the fire exit points", they also explained how they recognised that the flashing lights indicate when they need to evacuate the building. To keep people safe in the event of a fire the provider had installed an alarm system specifically for deaf people to maximise their safety.

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. The manager explained to us, "Staff ratios are dependent on the support needs of the people". We observed that there were enough staff available to respond to people's needs when they requested support. One person told us, "There's enough staff, usually four on duty". They continued by saying, "There's a timetable to show who's [staff] here on any day". The processes in place ensured that people were supported by staff that knew them well and maintained consistency of care.

Staff told us that they had completed a range of recruitment checks before they started work and we saw that the provider had an effective recruitment policy in place. This included references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living at the home. The manager explained to us how staff were recruited via a website specialising in the specific support needs for the people living at the location..

People we spoke with told us they received their medicines on time and as prescribed. Staff told us that they had received training on handling and administering medicines. A relative we spoke with said they had no concerns with their family member's medicine, they told us "[Person's name] medicines are well controlled". One staff member said, "Most people do their own medicines ". They went on to explain how they, "Prompt people occasionally if needed". A staff member explained how they support people to take their medicines, "Everyone's different, some need reminding of times, some will show us when their medicines have been taken". We saw that risk assessment were in place to support people who self administered their medicines. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines and as prescribed. Staff told us that they could recognise when people who were unable to say they were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.



## Is the service effective?

### Our findings

Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A person told us, "Staff know everything they need to support me". One member of staff told us, "I'm happy there's lots of training available". One staff member explained how they had received training which focussed on a person's specific health needs so that they were able to support them more effectively. A relative we spoke with said, "Staff know what they're doing, they're well trained". We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. We saw that induction processes were in place to support new staff into their role. The manager explained that new staff weren't placed on the staff rota until they were appropriately trained and assessed as competent in their role. Assessment was done via direct observation of staff practice.

Staff told us they had regular supervision and appraisals to support their development. One staff member told us, "We have supervision every six weeks, I'm happy with how it's done". We saw development plans showing how staff were supported with training, supervisions and appraisals. We saw that the manager was accessible and available; staff freely approached the manager for support, guidance and advice when needed.

We saw that people had the mental capacity to make informed choices and decisions about most aspects of their lives.

Staff told us and we saw that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions, that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw that no one was currently restricted under a DoLS application although the provider understood the review process for assessing a person's capacity if required. The provider acted in accordance with the legislation and people's rights were protected. We saw that capacity assessments had been carried out appropriately. We saw that people were not restricted and moved freely around the home. One person told us, "I come and go as I please".

Staff were knowledgeable about supporting people whose behaviour might become challenging. A member of staff explained to us how they knew people well and could recognise when they might become unsettled or anxious. They told us, "We don't restrain people here". Staff knew how to access support if a person's behaviour was escalating. We saw that people's care plans had information of the types of triggers that might result in people's behaviour becoming challenging.

Due to the self-contained living arrangements at the location people made their own choices about what food they bought. We saw that people were able to choose when and what they wanted to eat throughout the day. We saw provisions were made for people to eat together when they wanted to and menus were discussed at residents meetings. Pictures were used for people to make their own menu choices if needed. One person we spoke with told us, "I do my own shopping and cooking myself". Another person told us, "I

cook my own food and eat at anytime". They continued, "My family help me with big things [shopping] every week". We saw a member of staff ask a person if they were having lunch soon, the person said, "I'm having Chinese chicken later, I'm not hungry at the moment". A member of staff we spoke with told us how they support people to go shopping and eat a healthy balanced diet, they gave us an example, "I support people with diabetes and teach them to cook if needed". There was no one on a special diet although we saw care plans that highlighted how people could maintain their well-being by eating healthily, for example, diabetes control.

People looked healthy and well cared for. One person told us, "I go to the doctors on my own, or with staff". They continued, "I have support if an interpreters needed". One relative told us that staff acted in a timely manner if their family member needed to see a doctor. We saw that records were maintained providing information about people's medical appointments, including calendars that were colour coded and used pictures. We saw from care records that people were supported to access a variety of health and social care professionals, for example, psychiatrist, dentist, opticians and GP, as required, so that their health care needs were met and monitored regularly.

# Is the service caring?

## Our findings

We saw that the atmosphere in the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff and looked relaxed in their presence. We saw that staff were kind and attentive and there was light hearted conversation between people and staff. One person we spoke with told us, "I'm happy here, it's lovely". Another person said, "They're [staff] kind and supportive". Relatives we spoke with told us that they found staff to be very caring. One relative told us how their family member had a better quality of life at Sign Health than they had at a previous location. They told us, "Staff are wonderful and they know [person's name] really well".

We saw that staff knew people well and communicated effectively. All staff working at the location were deaf themselves which gave them a greater understanding of how people might communicate. One staff member told us how they used pictures, communication cards and photographs to help people communicate. We observed staff using sign language and hand over hand communication methods to talk with people, an example being when they introduced a person to our inspection team. One staff member told us, "If people can't express themselves very well, we'll use occupational therapists if we need to". Most of the staff we spoke with had worked at the location for a period of time and this had provided stability and consistency of care for people.

We saw that care plans were personalised and contained detailed information about people's health care and support needs. A member of staff told us, "We talk to people and ask what they'd like to do". People told us that they were involved in planning their own care and support, one person said, "We discuss things, there's good two way conversation". Another person expressed how they were involved in planning their care, "It's my right, and it's my care plan". A relative told us that they were involved in care planning, they told us, "There's a review meeting next month". We saw that people and relatives were involved in the care planning process to ensure that it was effective in supporting people's individual needs. Staff told us that they read people's care plans to ensure that they provided the correct care and support.

We saw that staff respected people's privacy and dignity. Staff we spoke with explained how they promoted people's privacy and dignity. One staff member explained, "We ring peoples door bells and wait to be invited in". A person we spoke with told us how staff rang their bell before entering, "It's my room, it's private". The door bells to peoples flats were connected to a light to indicate when someone was at their door. People spent as much time as they liked in their flat so that they had privacy when they wanted it.

People could have visitors in their flats at any time, there were no restrictions. Each flat had a spare bedroom so that relatives could stay overnight if they wanted to. One person explained to us that his family had to travel a long distance to visit. They told us, "They're [relatives] visiting soon, they'll come and stay in my flat". A relative told us how they could visit at any time; they said, "I visit whenever I want, no problems, I've never been turned away".

People told us that staff encouraged them to be as independent as possible, one person told us, "I'm independent, and I have my own flat". Another person told us how they were being supported to become

more independent by doing voluntary work with a local employer. Staff told us how they develop links with community organisations to help people become more independent and less reliant on Sign Health. One person told us how staff had helped them to become more confident, by supporting them to travel independently. The manager confirmed that the person had become more confident, saying, "[Person's name] has become more self-reliant over the past three years".

## Is the service responsive?

### Our findings

We saw that people received personalised care that was responsive to their needs. A staff member told us, "I've worked here for a while, I know them [people] well". We saw that people were encouraged to make as many decisions about their support as was practicably possible. One person told us, "We have residents meetings every two weeks, but I prefer one to one discussions [with staff]". We saw that regular tenants meetings took place and the views of people and staff were recorded, for example, future holiday destinations. One person explained the influence they had on how their flat was decorated, "They [Provider] pay for the decorating, but I choose the colours". Staff would ask people what they wanted by signing, hand over hand communication or the use of pictures to help them make their choice.

Relatives we spoke with told us they were involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A staff member told us how people were consulted about who was present at care review meetings, they told us, "We ask people if they'd like relatives to be involved". We saw records of care planning meetings involving people and relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

Throughout our inspection we saw that people had things to do that they found interesting, including maintaining hobbies and interests. One person told us about the things that they liked to be involved in which included; socialising, watching films and participating in sporting activities. Another person told us about their career aspirations to become a chef and we saw that the manager was supporting the person via links with a local employer. We saw that people were encouraged and supported to suggest activities they would like to do. We saw that information was available for people on a variety of activities, including; Tai Chi classes, theatre trips and restaurants.

Staff supported people to maintain relationships that were important to them. Some people had relatives who didn't live locally. However every person's flat had a spare room so that family could stay if they wanted to. One person explained how they maintained regular contact with relatives, they told us, "I can contact my mom by video calling".

Relatives we spoke with said they knew how to make complaints if they needed to and would have no concerns in raising any issues with the management team. One person told us, "I know how to raise a complaint if I need to." They went on to explain how they would escalate any concerns via the manager, the local authority or CQC. Another person we spoke with said, "We have a complaints box", they continued, "I used it once, a long time ago, the manager responded well". The provider had a complaints procedure in place. We saw there was a structured approach to complaints in the event of one being raised. We saw how it would be monitored and audited that would identify trends and we saw how the provider developed action plans where required.

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. One member of staff told us how they felt valued working at Sign Health and the manager tells them during supervision and appraisals. We saw evidence from tenants meetings that people, staff and families were involved in how the home was run. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. One staff member told us, "If I have any issues I can raise them at staff meetings". Another staff member told us, "I let them [Manager] know my views, I explain how I feel". Staff felt that their views were respected and responded to well by the manager. A person we spoke with told us, "Staff listen and support me when needed". A relative we spoke with told us, "[Manager's name] is very approachable".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

We saw that the provider had good links to the local community. People had access to local colleges, social groups, leisure facilities and businesses. People we spoke with told us that they accessed community facilities, for example, one person was receiving worked based training with a local employer.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. We saw that the manager was visible at the location and accessible to people and staff, which gave the manager an awareness of what was happening at the location at all times. There were effective systems in place for when the manager was off site.

We saw that accidents and incidents were recorded and used to support further learning and development at the location. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law in a timely manner.

We saw that quality assurance and audit systems were in place for monitoring service provision. We saw that the provider regularly consulted with people and their relatives for feedback on how the service was being run. Feedback was positive.