

SignHealth

SignHealth Longley Road

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 

Overall summary

This inspection took place on 21 October 2014 and was unannounced. The service met the regulations we inspected at their last inspection which took place on 23 September 2013.

SignHealth Longley Road provides 24 hour support within an independent living environment for up to six deaf people with mental health needs. Each person lives in their own self-contained flat with a kitchenette and a bathroom and there is a shared lounge.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

People using the service told us they felt safe living at the home. They were given information about reporting concerns in a visual format and were encouraged to raise any issues through key worker meetings, group meetings or by speaking with an advocate.

Staff members felt valued and an important part of the team. They received training that was relevant to them and excellent support through regular supervision and a

Summary of findings

yearly appraisal. Staff meetings were held monthly in which staff were encouraged to express their views. The registered manager was supported by a team leader, a co-ordinator and support workers. There were clearly defined roles and responsibilities for each staff member which gave care workers a sense of being valued and an important part of the team.

Risk assessments and care plans were person centred and written in plain English which made it easier for people to understand them and what their purpose was. Other information such as notices and questionnaires were written in an accessible format and used pictures to support people's understanding.

People's healthcare needs were managed well by the provider. People received regular health check-ups and met with the community psychiatrist on a regular basis which meant their mental health needs were monitored. Multi-disciplinary reviews also took place which helped to get a fuller picture of people's needs so they could be supported better. People received their medicines safely and those who were able to, were encouraged to take their medicines independently.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw evidence that the provider sought guidance and

made appropriate referrals to assess people's capacity to make decisions in respect of specific situations. People were offered advocacy support. An independent mental capacity advocate (IMCA) visited the service every month and spoke to people individually.

People were encouraged to become more independent in their daily living skills. People were assigned a key worker who supported people in this regard. People's care records had stated aims which they worked towards. We saw evidence that people had become more independent and confident during their time at SignHealth Longley Road.

The service was part of a number of external organisations which helped to share best practice and common issues that may be affecting people who were using the service.

Questionnaires to get feedback about the quality of service were sent to people using the service, relatives and healthcare professionals. The feedback from these surveys was very positive. Quality assurance audits were carried out regularly which covered a number of areas including health and safety and records, and manager comments. Actions resulting from audits were followed up.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People using the service told us that they felt safe and that staff looked after them. Staff had completed training in safeguarding adults and they knew how to identify and report any concerns.

Individual risk assessments had been carried out and staff were aware of how to manage risks to maintain people's safety whilst respecting their right to make their own decisions.

People using the service told us that there was always someone available to help them if needed and we saw there were enough staff to meet people's needs during our inspection.

Medicines were managed safely. The provider had carried out risk assessments to see if people were able to safely self-administer their medicines.

Good



Is the service effective?

The service was effective. All of the staff at SignHealth were able to sign to British Sign Language (BSL) Level 2. Staff had attended training that was appropriate for their role. Staff supervision and appraisals took place regularly which helped to ensure staff were supported appropriately.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw evidence that the provider sought guidance and made appropriate referrals to assess people's capacity to make decisions in respect of specific situations.

People were supported by staff to maintain a healthy lifestyle. Staff encouraged people to eat as healthily as possible whilst at the same time respecting their wishes to choose food that they liked.

We found that people received excellent ongoing healthcare support through regular Community Psychiatric Nurse (CPN) and Care Programme Approach (CPA) reviews. The feedback that we received from healthcare professionals was that the service at SignHealth Longley Road was outstanding.

Outstanding



Is the service caring?

The service was caring. People told us that staff were kind, caring and supportive. Relatives were also satisfied with the attitude of staff towards people and their friendly manner.

We saw that there was a relaxed atmosphere at the home and staff communicated with people in a friendly way. Staff who acted as key workers were familiar with the preferences of people they supported.

People were offered advocacy support. An independent mental capacity advocate (IMCA) who was Deaf attended the service every month to speak to people individually.

People lived in self-contained flats with their own small kitchenette and bathroom. This helped them to have a sense of independence and privacy.

Good



Summary of findings

Is the service responsive?

The service was responsive. Risk assessments and care plans were recorded in an accessible format, were person centred and written in plain English. This helped ensure people were able to understand what they were for. They were reviewed regularly to ensure the information in them was relevant.

People using the service were supported to maintain their independence and were able to pursue interests and activities that were of their liking. They told us they were able to go out to college and visit relatives on weekends.

People's concerns were explored and discussed with them. The complaints procedure was displayed in an accessible format in the home. People completed satisfaction questionnaires and gave their feedback about the service.

Good



Is the service well-led?

The service was well-led. Staff told us that they really enjoyed working at the service and that they felt valued by the organisation. The registered manager was supported by a team leader, a co-ordinator and support workers. There were clearly defined roles and responsibilities for each staff member.

The service was part of a number of external organisations which helped to share best practice and common issues.

The provider used questionnaires to get feedback about the quality of service provided. These were sent to people using the service, relatives and healthcare professionals. Where required, these were in an accessible format.

Quality assurance audits were carried out regularly which covered a number of areas including health and safety and records, and manager comments. Actions resulting from audits were followed up.

Good



SignHealth Longley Road

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 checked 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 21 October 2014 and was unannounced. The inspection was carried out by an inspector and included an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was working with deaf people.

Before we visited the service we checked the information that we held about it, including notifications sent to us

informing us of significant events that occurred at the service and safeguarding alerts raised. 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. The provider was not able to complete this in time prior to the inspection; however we reviewed the information on it after the inspection.

We spoke with five people using the service, five staff members and the registered manager. We also spoke with three relatives of people using the service after the inspection. We looked at records including three care records, training files, staff supervision records, medication records, audits and complaints. We also contacted the local Healthwatch team, service commissioners and other health and social care professionals such as social workers and community mental health nurses to gather their views about the service.

Is the service safe?

Our findings

People using the service told us that they felt safe and that staff looked after them. Relatives who we spoke with had no concerns about the safety of their family members. People using the service were encouraged to raise concerns through a number of means including key worker meetings, advocacy support and in meetings with healthcare professionals such as their community psychiatric nurses (CPN). People using the service were provided with visual information about different types of abuse to help them feel empowered and confident about raising any concerns. The provider had arranged safeguarding adults training for staff which was current. It was clear from talking with staff that they knew how to identify different types of abuse and how they would report any concerns. Safeguarding posters were on display in the staff office to notify staff of who to contact if they had concerns.

Individual risk assessments had been carried out which covered a range of activities, health and safety, and environmental issues. Some of the areas covered included medication, food and cooking, college, sex and relationships and valuables. Risk assessments were recorded in an accessible format and were person centred. This helped ensure people were able to understand what they were for and why they were important for keeping them safe. They were written in plain English and outlined the risk, why it was deemed to be a risk, how staff could support people in managing the risk and a plan of action agreed between staff and the person using the service. People using the service had signed the risk assessments and it was evident in our discussions with them that they understood that the assessments were in place to help keep them safe. One person told us that they were able to go out and visit museums but they always told staff as they did not want to worry them.

Staff were aware of the risks that each person presented with. For example, the different areas and levels of support that people needed when going out in the community and the number of staff needed to support them, if required. This helped to ensure that people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

The provider took a proactive approach to risk management and supported people to take informed risks

with the appropriate level of support to balance the risk with their right to make their own decisions. For example, people were supported to become more independent when going out in the community by gradually reducing staff support, and only after ensuring they felt confident about this.

Appropriate health and safety checks were carried out to ensure the environment was safe. Current safety certificates for the emergency lighting and fire alarm system were seen. All fire extinguishers had been checked to ensure they were in good working order and there was a fire drill every four weeks.

Checks were completed for each individual flat once a month, which included testing the appliances, electrical equipment, and the overall environment. Any issues that were discovered were reported to the appropriate engineers to resolve which were followed up.

People told us that there was always someone available to help them if needed. We saw that there were enough staff to meet people's needs. The manager told us that they previously had set times for each shift but had changed these so that there was now a variety of different start times which were based on the needs of the people using the service. We looked at the staff duty rotas which confirmed this and that staffing levels were flexible to meet people's individual needs. Where people required extra support to go out in the community additional staff were added onto the rota to meet their needs. Interpreters were available on the day of our inspection if people needed to utilise them. One staff member said, "We always get extra support if needed." Team leaders were available on call throughout the night in case of an emergency.

Medicines were kept safely in locked cupboards, either in the staff office or in people's rooms depending on whether they self-administered their medicines or needed staff support. Controlled drugs were not kept at the home. The provider had carried out assessments on people to see if they were able to safely self-administer their medicines. The manager told us that people required varying levels of support to manage their medicines. People told us that staff supported them with their medicines and encouraged them to manage it themselves if possible. One person told us they managed their own medicines and that they went to the hospital every three weeks for their prescription and had their medicines delivered the next day.

Is the service safe?

Medicines were prescribed and given to people appropriately. The provider had a system in place to manage the safe administration of medicines in line with people's care plans. We looked at staff training records and saw that staff had recently received medicines training. Medicines procedures were on display which helped staff when supporting people.

Appropriate arrangements were in place in relation to obtaining and the recording of medicines. We checked the

Medicines Administration Record (MAR) sheets for four people using the service. These were all complete and signed by staff. The pharmacy provided medicines in blister packs, these correlated with the MARs that we saw during our visit. PRN medicines, which are medicines that are given 'as needed' such as pain relief medicines were also recorded, even when not given. The provider carried out internal medicine audits and documented the delivery and disposal of medicines.



Is the service effective?

Our findings

Staff had attended training in a number of areas which helped them to carry out their role as support workers more effectively. This covered topics such as medication, food hygiene awareness, safeguarding of vulnerable adults, autism awareness, challenging behaviour, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Training records showed that the training was current and up to date. We also saw evidence of training that had been booked for the future. Staff were supported to gain further nationally recognised qualifications relevant to a career in social care. Staff were happy with the training and support they received.

All of the staff at SignHealth were able to sign to British Sign Language (BSL) Level 2. The manager told us, “Having a team who are mostly deaf makes us very positive about what people can achieve. We are passionate about deaf culture.”

Staff supervision meetings took place every four to six weeks. These were recorded clearly and typed up. Actions resulting from each supervision meeting were highlighted and assigned to a named person to follow up at subsequent meetings. Appraisals took place yearly during which staff had the opportunity to discuss their performance over the previous year, their agreed targets and whether they had been achieved. Training requirements for the year ahead were discussed and other targets related to their performance at work were agreed. There was an appraisal summary which gave a quick snapshot of people’s performance. The appraisal system promoted good practice by grading staff from inadequate to excellent. Staff were encouraged to aim for excellent in all areas and provided with guidance about how to reach that level. The manager told us that the topic of teamwork was covered in every supervision and appraisal. This showed that there was a proactive support system in place for staff to develop their knowledge and skills and which motivated them to provide a quality service.

We received very positive feedback from healthcare professionals about the staff at SignHealth Longley Road. We were told that staff were caring, skilled, motivated and knew people using the service extremely well.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw

evidence that the provider sought guidance and made appropriate referrals to assess people’s capacity to make decisions in respect of specific situations. Some people had a capacity assessment based on their understanding around issues pertaining to sexual relationships. People were not restricted from leaving the home or deprived of their liberty in other areas. Staff were aware of the correct procedures to follow if a situation were to occur where they felt a person’s liberty may need to be restricted to keep them safe.

People were supported by staff to maintain a healthy lifestyle. People’s independence was promoted by encouraging them to shop for food and also to prepare their meals. People using the service created their own shopping list with the support of staff and the majority shopped independently. Staff encouraged people to eat as healthily as possible whilst at the same time respecting their wishes to choose food that they liked.

Staff made appropriate referrals to specialists if there were significant changes in people’s weight and people also had regular medical checks to monitor any changes caused by diets. We saw that the dietician reviewed people on a monthly basis where there were concerns.

We found that people received excellent ongoing healthcare support. People told us they had regular meetings with their psychiatrist. Relatives told us their family members received good support in terms of their healthcare needs. One relative told us, “They are in good contact with his doctor.”

People had annual medical reviews with a GP and ongoing reviews with other appropriate professionals, for example appointments for their hearing aids, audiology and endocrinology. General health checks such as blood pressure, cholesterol and medication reviews were completed yearly. We saw evidence that the provider helped to facilitate communication between community professionals when discussing people’s medical needs. This ensured people received consistent care and support.

People received excellent support through regular Community Psychiatric Nurse (CPN) reviews every two weeks which were reinforced through an associated risk assessment and support plans.

There were regular Care Programme Approach (CPA) reviews for people using the service. CPA reviews provide a framework in caring for people with mental health



Is the service effective?

problems and/or people with learning disabilities who also have mental health problems. It is a way of assessing their needs and planning in the best way to ensure that their needs are met. The CPA reviews that we saw looked at people's medication, recovery interventions, and plans for the future. These were held by the deaf adults' community team and involved key workers of people using the service. This demonstrated that the provider supported people to work with healthcare professionals to monitor their wellbeing and address any concerns.

People had hospital passports that were up to date. These contained notes, contacts, and a medical checklist for use

in case of a hospital admission. The provider's communication department had modified the hospital passport so they could be typed in to make them easier to read rather than being hand written.

The feedback that we received from healthcare professionals was that the service at SignHealth Longley Road was outstanding. Specialists in their field told us they regarded the service as amongst the best in its field in the whole country. They praised the way staff communicated and liaised with them which meant they were able to do lots of effective joint work together.

Is the service caring?

Our findings

People told us that staff were “kind and caring” and said, “I’m really happy here” and “Staff are very good, I get help when needed”. They said that they all got on well with each other. Relatives we spoke with were also satisfied with the attitude of staff towards people and their friendly manner. Comments from staff included, “We value all people” and “You can go home and on reflection say sometimes, even in a small way, I have made a difference for somebody.”

During our inspection, we saw that there was a relaxed atmosphere at the home and staff communicated with people in a friendly way. Staff who acted as key workers were familiar with the preferences of people they supported. They knew what they liked doing, the type of things that upset them or made them happy. The manager told us, “All but one of our staff is deaf, so we have real empathy for the barriers the clients face.”

‘Tenants meetings’ were held monthly and gave people an opportunity to express their views in a group environment. The service also supported people to express their views individually through key worker meetings, daily care plan updates and care plan reviews. All information provided to people was in an accessible format, written in clear English so that people could understand the information. One staff member said, “We use visual care plans so people understand.”

An independent mental capacity advocate (IMCA) who was Deaf attended the service every month to speak to each person on an individual basis. People were made aware of their attendance through a poster that was on display. We saw evidence of referrals to the advocacy service to ensure people had independent support where there were concerns about their capacity to make particular decisions.

People using the service told us they, “love being here because I am able to be independent”, “Staff are very good, treat me with respect and I respect them too.” All the

people that we spoke with told us that staff respected their right to have independence and said they received good support if they needed it. A relative told us their family member, “would like more independence but staff are helping [them] work towards that.”

People lived in self-contained flats with their own small kitchenette and bathroom. This helped them to have a sense of independence and privacy whilst at the same time having a support structure in place if needed.

The provider had considered people’s right to have privacy in a shared environment. For example, where notices were put up around the home for communal tasks such as the personal laundry rota these were written so as to protect people’s privacy and people’s names were not used but rather their flat number.

Staff gave us many examples of how they supported people to be more independent, especially in aspects of their daily living. One staff member told us, “We teach them how to cook, go to college and arrange their medical appointments.” Another said, “I love being able to support the clients and help them to have independence.”

We saw some outstanding examples of the service promoting people’s independence for example through the development of checklists for people when they went to stay with family and when leaving the house. This helped people to take responsibility for ensuring they had enough clothes and money and that the appropriate people had been informed. Some people who had expressed an interest in moving into a more independent living arrangement were supported to do this by making arrangements for them to stay a few nights in a hotel. The staff ensured people were fully supported throughout this arrangement.

Healthcare professionals told us that people were supported to get the most out of life and that every person had made significant gains in recovery and independence in the time they had lived there.

Is the service responsive?

Our findings

The care records for people using the service were person centred and there was clear evidence that people had contributed to them. They were individual for people using the service and were written in an easy to read format with clear English and good use of pictures. This demonstrated that the provider made an effort to ensure people's views were listened to and considered when completing the records and helped people to understand what was written in them.

People using the service and their named key worker completed daily care plans which gave a quick snapshot of the daily living tasks that they completed on a particular day. Some examples of these tasks included, attending college, health and diet, transport and finance, and home skills. There was another section in which people and staff were able to write more detailed notes about the activities they did and how they were supported. These daily care plans were used by key workers to build a picture of people's lives when carrying out reviews of their care. Keyworkers completed six monthly reviews for people using the service. This was a comprehensive document which contained detailed information that had been drawn from the daily care plans, with headings such as mental health, medication, diet, home and independence skills, family and friends, general health, social activities, college and finance. These reviews were used by the provider when attending CPA reviews.

Support plans for people were individual to their needs and had a stated aim, the level of support needed to achieve the aim and when it was to be followed up. These were reviewed regularly which helped to ensure that they were still relevant to people's needs, and if people were struggling to achieve their aims then possible reasons for this were explored. Staff completed daily handover sheets so that staff starting a shift were aware of any issues and could support people appropriately.

People using the service lived independent lives and pursued interests and activities that were of their liking. They told us they were able to go out to college and stay

with relatives on weekends. Day trips and holidays were arranged with staff and sometimes by themselves. People were able to take holidays abroad which they really enjoyed. One person told us, "There was a good balance between group and individual activities." Relatives told us they were kept up to date with any changes in the service or their family member's needs.

The provider made adjustments to the service based on people's needs. This included creating a 'Deaf friendly' environment where people signed at all times and there was appropriate equipment such as fire alarms and doorbells with flashing lights and bed sensors to alert people to situations.

During our conversations with people, some did raise concerns with us about wanting to move to more independent living arrangements. However, when we checked their care records we saw that these were ongoing concerns which had been explored and discussed with people during reviews and key worker meetings. Relatives told us that they did not have any concerns, and if they did they would not hesitate to raise them with the manager. One relative told us that where they had raised concerns in the past, the provider had resolved them. We saw that people were able to raise concerns or formal complaints through a number of channels, including house meetings, key worker sessions, and through advocates.

The complaints procedure was on display in the home. This was in an accessible format and gave information about the different ways in which people could raise concerns or make a complaint, such as in writing, in tenant's meetings or in one to one key work sessions.

People completed satisfaction surveys which were in an accessible format. Some of the topics that were explored in the surveys were issues relating to accommodation, staff, complaints, if they felt safe, and if they had access to activities. We reviewed the responses of these surveys and saw that people were satisfied. We saw evidence that where concerns were raised. These were explored in key worker meetings and, if appropriate, fed back into CPA reviews for further exploration.

Is the service well-led?

Our findings

The provider's standard operating procedure was on display in the staff room which contained the aims and values of the service. Values included being person centred, involving, enabling, expert, respectful, influential and safeguarding. Staff told us they were aware of the whistleblowing policy and would not hesitate to report any concerns. They said the manager acted immediately on any concerns they raised in team meetings about any aspect of the service. One staff member told us, "They [the managers] are fantastic" and "I can ask them for extra training and they would arrange it."

Staff told us that they really enjoyed working at the service and said they felt valued by the organisation. One staff said, "It's a really good atmosphere here". There was an open and inclusive culture at the service. Staff pictures were on display in the entrance hallway which helped people to identify who was available that day at the home.

We saw evidence that people using the service and staff were made to feel empowered and were consulted on how the service was run. We were shown plans for the redesign of some parts of the house. For example, people were asked for their opinions on the choice of curtains and carpets, and they were shown samples from which to choose from. A staff member had made drawings of the floor plans of the house so people could visualise how they wanted things to look.

Staff meetings were held every month in which the previous month's minutes were reviewed and any new issues discussed. Actions arising from meetings were assigned to a named person and were followed up in subsequent meetings. In addition, the manager met with the coordinator and team leader to review staff approaches to tenants every week. One staff member said, "The whole team here are great, I love working here." Another said "The whole team is very supportive."

The registered manager was supported by a team leader, a coordinator and support workers. There were clearly defined roles and responsibilities for each staff member and these were clearly displayed in the main office. Staff were clear about their individual responsibilities but also realised the importance of working together as a team to support people using the service.

We spoke with the manager at length about the needs of people using the service. The manager was extremely knowledgeable about the people living at the home, both their likes and dislikes but also about their behaviours and their mental health needs.

The manager was a member of Voluntary Organisations Disability Group (VODG) which is an umbrella group of voluntary sector providers of social care services for adults. Their role is to combine and harness the separate skills, experiences and knowledge of individual member organisations, in order to challenge barriers, facilitate best practice and assist an exchange of learning. The service was also part of the Deaf Providers Forum, a network made up of services which meets quarterly to discuss common issues and best practice. The manager told us she spoke regularly with other professionals at the Deaf Liaison group. She also met with VODG quarterly "to discuss best practice." The provider used questionnaires to get feedback about the quality of service provided. These were sent to people using the service, relatives and healthcare professionals. Where required, these were in an accessible format.

The manager said they had established excellent links with families and healthcare professionals. This was reflected on the questionnaires that we saw. Feedback from relatives was very positive with comments such as "excellent", "Staff are excellent" "The manager is extremely efficient".

The feedback from healthcare professionals was positive. Comments included, "If I had a relative that needed care, I would want them to be placed at Longley Road", "Fantastic service, amazing staff", "Offering personalised care of the highest standard", "I cannot fault them" and "Their dealings with both professionals and their service users is exemplary."

Feedback forms were returned directly to the head office and issues that needed addressing were actioned. The manager had identified areas of improvement and had timescales in place to achieve these. This helped to ensure the quality of service was maintained.

Quality assurance audits were carried out by a senior manager every three months. These covered different areas such as issues relating to people using the service, health and safety, records, and manager comments. Actions that had been identified from these were recorded with a target date and whose responsibility it was to meet the target.

Is the service well-led?

The provider also completed a 'CQC Services Quality Audit Toolkit' which assessed the service in line with CQC outcomes and highlighted areas of improvement. Audits on

MAR were carried out to ensure that people were receiving their medicines correctly. Health and Safety and risk assessment checks were completed for the home and in people's flats to help ensure people's safety.