

SignHealth

SignHealth Claridge Road

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

SignHealth- Claridge Road is a residential care home that was providing personal care to six Deaf people who had mental health needs. Each person had a flat and could also access communal living areas. Staff slept on site overnight and were provided with accommodation.

People's experience of using this service and what we found

Systems were in place to safeguard people from abuse. There were enough staff to meet people's needs and appropriate recruitment practices were followed. Risks to people were assessed and managed. Where people received support with medicines as part of their care and support this was done safely. Some further information was required when people needed medicines that were not taken at regular intervals; the management team had started to address this. Systems were in place to reduce the risk of the spread of infection.

Staff had the skills and knowledge to deliver care effectively and they received good support from colleagues and the management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Healthy eating was promoted and people received good support to plan and cook their meals. Systems were in place to make sure people's health needs were met. People were very happy with their accommodation which enabled them to do things independently.

People had a positive experience living at the service and enjoyed talking to staff. Staff knew people well and cared for them in a person-centred way. Staff were respectful and explained to people what was happening. People were supported to communicate at home and at other times, such as attending appointments. They had access to an interpreter and an advocate when appropriate. Everyone was encouraged to take responsibility for their accommodation and engage in daily household tasks.

People were involved in planning their care with staff who supported them. They had detailed and personalised support plans that identified how their needs should be met. Some information was duplicated which meant there was a lot of information for people to read. The management team said they planned to simplify the support planning process. People talked enthusiastically about engaging in person-centred activities which included accessing the local and wider community. Systems were in place to deal with formal complaints.

Feedback about the provider and management team who were based at the service was consistently good. Quality management systems were in place and plans were in place to improve and further develop the service. The management team was responsive and where appropriate took swift action to address shortfalls. People were encouraged to share their views and ideas. The service worked effectively with other professionals and agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

SignHealth Claridge Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. A sign language interpreter was used to aid communication between deaf sign language users and the hearing inspector.

Service and service type

SignHealth- Claridge Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection because we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including support workers, support co-ordinator, administrator, team leader and registered manager.

We reviewed a range of records. This included three people's care and medication records. We looked at one staff file in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We looked at training data, quality assurance records and management reports. The management team sent us details of actions and additional measures they introduced in response to evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and neglect.
- People told us they felt safe.
- Staff understood safeguarding and whistleblowing procedures and their responsibility for reporting concerns. They were confident the management team would deal with any concerns promptly and appropriately. All staff received safeguarding training. One member of staff said, "Here is an excellent service. You can see everybody is happy and safe."

Assessing risk, safety monitoring and management

- Systems were in place to manage risk.
- Safety was discussed with people who used the service. One person told us staff went through how to cook safely. Another person told us they assisted staff to check fire safety systems.
- Risk assessments were person centred and ensured people had the most freedom possible. Potential hazards were usually assessed although some gaps were identified. The management team were responsive and addressed these promptly.
- Checks were carried out by staff and external contractors to make sure the premises and equipment were safe.

Staffing and recruitment

- There were enough staff to support people when they were at home and in the community.
- People told us they were happy with the staffing arrangements. One person said, "If I want to do anything and want staff support, yes they are available. The same staff have been here a long time, and [name of registered manager] has been here a long time."
- Staff told us a regular number of workers were on shift each day and members of the management team were based at the service and accessible. One member of staff told us the staffing was well managed. They said the service would benefit from some additional bank workers because they occasionally struggled to cover shifts.
- Appropriate recruitment practices were followed, which ensured suitable staff were employed.

Using medicines safely

- Where people received support with medicines as part of their care and support this was done safely. One person said, "I do medication myself, I show staff what I do and they check the sheet and make sure it is right."
- Support plans identified the type of support people required with their medicines, for example, prompting

or observation. The management team agreed to further develop the information where people needed medicines that were not taken at regular intervals, such as painkillers, to ensure staff knew when these should be administered.

- Medicine leaflets and factsheets were kept in each person's file which helped everyone find out about the medicines that were prescribed.
- The stock of medicines was correct; these were checked by staff on a very regular basis.
- Medicine administration records (MARs) were usually pre-printed by the dispensing pharmacist; these were consistently filled in by staff or the person when they self-administered. Some people had over the counter medicines, for example, cold and flu remedies; these MARs were handwritten but did not contain all the necessary detail. The management team addressed this at the time of the inspection.

Preventing and controlling infection

- Everyone shared responsibility for making sure the environment was clean.
- Staff completed infection control and food hygiene training.

Learning lessons when things go wrong

- Accidents were recorded and monitored by the management team.
- Staff and the management team were very confident the service promoted an open culture and everyone was encouraged to report incidents. Staff discussed learning and improvement at length in team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider used standard support planning and risk assessment documentation, which ensured everyone was familiar with the format.
- People's care needs were regularly reviewed and support plans were updated.
- The provider was exploring options for developing their care recording systems. The management team said they were introducing electronic tablets and would initially use these to record and monitor people's goals.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had the skills to carry out their role and responsibilities.
- Staff felt well supported by colleagues, and managers. This included the management team who worked at the service on a day to day basis and senior managers who visited the service.
- Staff received relevant training which was refreshed at regular intervals. One member of staff said, "The training is good. This morning we did person centred planning training. It covered a lot of what we do here because we focus on the individual, it was about not treating everyone the same, and that is what we do every day."
- Staff were supported through regular team meetings, supervision and appraisal. The management team used team meetings as learning opportunities and to ensure staff understood best practice. For example, they had recently discussed, at length, best interest decisions and person centred care.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what they wanted to eat and received appropriate support to plan their meals. One person told us staff helped them make their food shopping list and then they went shopping independently.
- Mealtimes were flexible and suited individual needs.
- People told us healthy eating was promoted and they received good support to plan and cook meals. One person said, "I will learn, they [staff] will help and then I do it myself."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People accessed services which ensured their health needs were met.
- People told us they attended health appointments and were supported by staff where appropriate. One person told us they were attending an appointment with their GP and staff were going with them. Another person said, "I have health problems, so I go with staff to the hospital. I can't always remember and they

[hospital staff] want to know the right information. I don't understand some of it."

- Information about people's health needs and medical conditions were recorded in health action plans.
- The management team and staff requested guidance and timely advice from other professionals where appropriate.

Adapting service, design, decoration to meet people's needs

- The service was designed around people's needs and enabled them to do things independently.
- Everyone had their own flat which was personalised and spacious. Each had a living area, bathroom and kitchen.
- People were encouraged to choose décor and furnishings. One person told us their flat was being decorated shortly. They said, "We had a chat about the colour and paint."
- People had access to communal areas where they could choose to spend time with others.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People were encouraged to get involved and make decisions about their care.
- Staff and management regularly met with people on an individual basis to make sure they were consulted and their wishes were taken into account.
- We observed staff encouraging people to make decisions such as what to cook and choice of activity.
- The management team and staff had a good working knowledge of the requirements of MCA. They provided examples of how they respected people's right to make decisions even though these might, at times, be unwise. Staff meeting minutes showed staff had discussed scenarios where best interest decisions were and were not appropriate.
- None of the people who used the service had an authorised DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the care and support they received. One person said, "All are excellent in the care and support." People told us they enjoyed talking to staff.
- Staff knew people well and cared for them in a person-centred way. Staff were confident people received high quality care. One member of staff said, "This place is very good. We help people, encourage people. Their families are glad people are here. I love doing it."
- Systems were in place which promoted equality and diversity for people who used the service and staff.
- Through talking to people who used the service, staff and the management team, and reviewing people's care records, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care:

Respecting and promoting people's privacy, dignity and independence

- Staff explained to people what was happening and checked people understood. Staff were respectful when people declined their support. For example, one person told a member of staff they did not want any assistance. The member of staff advised the person to let them know if they changed their mind.
- Staff respected people's privacy. Staff routinely used a flashing doorbell to alert people they had arrived at their accommodation and waited for people to answer the door. Staff checked it was convenient for them to enter.
- People's independence was promoted. Everyone was encouraged to take responsibility for their accommodation and engage in daily household tasks.
- People talked to us about their experience of using the service which included the arrangements for planning and preparing meals, cleaning their accommodation, accessing the local community and managing their finances. Without exception everyone was happy with the arrangements and said they were provided with opportunity to do things for themselves and received support where appropriate. One person was laundering and changing their bedding and showed the support member of staff they had loaded the washer and were keen to put clean pillow cases on. The member of staff assisted with putting on a clean sheet and duvet cover. This was a positive experience for the person and it was evident they were pleased they had carried out some tasks independently.
- Information was displayed to keep people informed about what was happening in the service and the local community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they spent time talking to their support staff and keyworkers. One person told us, "[Name of keyworker] gives more in-depth support, arranges things externally and looks for opportunities."
- People were involved in the support planning process through regular individual meetings. Records of the meetings were maintained and showed people talked about their week, how they were, anything they wanted to learn, any changes they wanted and plans for the following week.
- People talked enthusiastically about activities and outings they engaged in. Everyone talked about accessing the community independently or with staff support. During the inspection people went out frequently. One person said, "I go to the museum, golf, bowling. Staff help me when I go out. They teach me which number bus to get. I go for a walk and go to the library. I go to the deaf club; last week we did badminton. I like going to the cinema to see horror films."
- People had detailed and personalised support plans that identified how their needs should be met. They also had 'get to know me' records which included information about 'what was important, how best to support, life history and life now'.
- Information in some risk assessments and support plans was duplicated which meant there was a lot of information for people to read. Support plan reviews were recorded on the same sheet as the support plan. However, some dated as far back as 2014 which was confusing for the reader. The management team said they were looking at reviewing the support planning process which included simplifying the format and making them more accessible. They were also looking at exploring people's end of life wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Deaf people used the service. They told us they felt supported to communicate at home and at other times, such as attending appointments. People told us they had access to an interpreter and a Deaf advocate when appropriate. One person said, "Some staff are deaf and hearing staff can sign."
- People had support plans which identified how their communication needs should be met.
- The service had produced support plans and other information in alternative formats. For example, one person had a pictorial step by step guide for taking their medication, which included photographs of their clock, medicine cabinet and medicines.

Improving care quality in response to complaints or concerns

- The provider had systems in place for dealing with formal complaints; the procedure was displayed in the service.
- The provider told us no formal complaints had been received in the last 12 months.
- People were at ease with staff and the registered manager. They told us they were comfortable raising concerns and issues. One person said, "I have a chat with [Name of team leader] and [name of registered manager] helps and we have a talk. I talk with staff and then they say are you ok." Another person said, "I chat with [name of support worker], my keyworker."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider and management team who worked at the service on a day to day basis promoted high quality care. They ensured staff understood what was expected of them. A member of staff said, "All the managers are very good. They put the people first. [Name of registered manager] always makes it clear that the people here are the most important." Another member of staff said of a senior manager, "They tell us they see us as a good service. They talk about SignHealth projects and what others are doing. It helps us understand how to be a good service."
- The registered manager understood their legal responsibilities. They were well supported by a team leader.
- People who used the service and staff provided positive feedback about the management team. They said they were accessible and approachable. One person said, "[Name of registered manager] is a good manager."
- Senior managers visited Claridge Road and asked people and staff about their experience. One member of staff said, "The 'chief executive' visits and asks for our help to achieve what SignHealth wants which is to achieve good services."
- The staff team, team leader, registered manager and provider carried out checks and audits; these ensured systems and processes were effective and the service was appropriately monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Working in partnership with others

- People and staff were encouraged to share their views and get involved in the service. Regular team meetings were held. One member of staff said, "We have regular staff meetings and support co-ordinator meetings. If there are any areas we are not sure about then we discuss and give our ideas. They keep us abreast of what is happening."
- The provider had a strategic plan which staff were familiar with. One member of staff said, "[Name of operations manager} comes to our staff meetings and talks about the three year plan. Then they listen to us and listen to our ideas."
- The service had an improvement plan which identified areas they wanted to improve and develop. The management team were working on these areas and shared ideas and plans for further development.

- During the inspection some issues were noted around the management of medicines and support plan records. The management team were responsive to the inspection findings and where appropriate took swift action to address shortfalls.
- The management and staff team worked positively with key organisations to benefit people using the service and improve service development.
- Three health professionals had completed surveys between December 2018 and January 2019. They provided positive feedback about the service. All said they would recommend the home to others and the presentation/feel of the home was very good. They said the service was delivering appropriate care and they had opportunity to spend time with management to discuss issues/concerns.