

SignHealth

SignHealth Constance Way

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected SignHealth Constance Way - Leeds on 20 April 2016 and the visit was unannounced.

SignHealth Constance Way provides care and support for six profoundly deaf people, who have additional needs due to some mental health needs. The service is a national charity. The home is situated close to Leeds City Centre and within walking distance of local facilities. The two storey accommodation has been designed around the needs of deaf people and is fully equipped for this purpose. One of the ground floor flats is also equipped to accommodate a wheelchair user. The outreach service also supports people to live independently.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We looked at the policy file in the service which showed some policies were out of date and there was no system in place for auditing the service.

We found the management of some medicines was not always effective. We spoke to the registered manager about the importance of ensuring peoples medication was recorded in relation to date and time of topical creams when these had been opened. We saw a safety certificate was out of date.

We saw the complaint's policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. However we found the complaints policy was last reviewed in 2012.

We looked at records relating to the personal care the service was providing and found care was well planned and reviews involved the people receiving care and their families.

At this inspection we found the provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well.

We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

There was enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal. However we found only one staff had completed training in relation to the Mental Capacity Act 2005.

Care was personalised and people were well supported. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People received good support to make sure their nutritional and health needs were appropriately met.

We observed good interactions between staff and people who used the service and the atmosphere was relaxed. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Records showed people had been given their medicines correctly. However medication was not recorded in relation to topical creams. Some safety certificates were out of date.

There were enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices.

Is the service effective?

Good ●

The service was effective.

There was a programme of training for all staff to be able to understand the care and support required for people who used the service. However only one staff had completed training about the Mental Capacity Act (2005).

People made decisions about what they wanted to do day to day and we saw evidence of this in people's care plans.

We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

Is the service caring?

Good ●

The service was caring.

People told us they were very happy with the care and support they received.

People looked well cared for and were very comfortable in their environment.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what

care and support they needed.

Is the service responsive?

The service was responsive

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the local community.

We saw the complaint's policy was available in the home and were told this was given to people and their relatives when they first began to use the service. However we found the complaints policy was last reviewed 2012.

Requires Improvement 

Is the service well-led?

The service was not always well led.

We looked at the policy file in the service which showed some policies were out of date and there was no system in place for auditing the service.

The registered manager ensured staff had an opportunity to attend meetings to discuss operational issues and contribute to the running of the service.

Staff spoke positively about the registered manager and said they were happy working at the service.

Requires Improvement 

SignHealth Constance Way

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.

The inspection took place on 20 April 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and a specialist adviser who was a British Sign Language/English Interpreter.

At the time of the inspection there were five people receiving a service from SignHealth. We spoke with three people who used the service, three members of staff and the registered manager. The staff at SignHealth were known as support workers. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at people's care and support plan and three medication records and the recruitment records of three members of staff.

Before the inspection, the provider was not sent 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. We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Healthwatch were contacted and had no comment because the service is a support living service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We used a number of methods to help us understand the experiences of people who used the service. We involved a person who could use British Sign Language in order to interpret and assist us in talking with the people who used the service.

We asked if people felt safe. One person who used the service told us "The house is good, I feel safe". Another person said, "If I feel ill, I tell staff and they take me to the doctor".

We looked at the systems in place for managing medicines in the service and found the systems in place for medicine management was not always effective. We saw people's topical creams medication was not labelled so we were unable to identify when these had been opened by the staff. The registered manager did not know these were to be labelled. We spoke to the registered manager about the importance of ensuring medication including topical creams was recorded in relation to date and time, of when these had been opened. We looked at the medication administration records (MAR) for people and no gaps in recording were seen which showed they had been given correctly.

Arrangements were in place to assist people to take their medicines safely. People's care plans provided guidance to ensure staff understood how to administer medicines to meet their individual needs. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely, and the records we looked at confirmed this.

One member of staff spoken with said, "There is regular training for medication administration and all staff must train first and do a refresher every year." One person who used the service said, "My medication is kept in the office and I go when I need it, I'm never kept waiting".

There were procedures in place in relation to safeguarding to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

There were risk assessments in place, to cover activities and health and safety issues, including, moving and handling and use of public transport for community activities. The risk assessments were supported by plans of care which detailed how staff should respond to any issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Support workers we spoke with were aware of their responsibility to report any accidents or

incidents to the registered manager.

Through our observations and discussions people we found there was enough staff with the right experience to meet the needs of the people. The registered manager said staffing levels were kept under review and adjusted according to the dependency levels of people who used the service.

We saw the provider followed safe recruitment practices. Appropriate checks were undertaken before staff began work to ensure only staff suitable to work in the caring profession was employed. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Staff told us the fire drill had been carried out the week before our visit. They said they regularly check the fire alarms, checking for vibration, noise and flashing light in all six flats as well as rooms such as the kitchen, conservatory and office. The service recently had two new doors installed which are fire doors and automatically close. One member of staff said, "We have a record of all the staff and residents in the house and keep a log for fire safety. Staff are responsible for making checks and ensuring everything is up to date." We saw evidence of this in the fire safety log we reviewed.

Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire fighting equipment had been serviced. However the last electrical installation certificate was dated in 2009. This should have been rechecked in 2014. We spoke to the registered manager who told us they were unsure where the last certificate was. The registered manager told us she would ensure this was completed.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. One person was given the option of going out with or without their support worker into the town centre.

We saw people were asked for their consent before any support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. One person said, "They always ask me if there is anything they can help with."

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. However we found only one member of staff had completed mental capacity training. The registered manager told us they had plans in place to ensure all staff completed this training. This was evidenced on the day of inspection

We looked at staff training records which showed staff had completed a range of training sessions. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid and introduction to autism.

Staff we spoke with confirmed they had regular supervision which gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed that each member of staff had received supervision on a regular basis. We saw staff had received an annual appraisal in 2016.

All the people who used the service were independent and every week a plan was made of meals and people were encouraged/ helped to go shopping. People had a choice to choose foods and had help checking and explaining what labels meant. Staff provided support in putting away items in the kitchen and with cooking. People who used the service said they enjoyed the food. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet. One person who used the service said, "The food is nice, I cook Independently and staff will help me to go shopping. I enjoy chicken and pasta."

We saw the provider had a key worker system which meant that people who used the service had a named support worker who took a specific interest in their care and support requirements. Care plans evidenced that people had access to healthcare services when they needed them. We saw records relating to input from a range of professionals including occupational health therapists and GPs. A member of staff spoken with said, "People are supported with health care needs. We check people have attend regular dental appointments. If they are given a 6 month/1year appointment it is up to the person to remember although we do take note of it and remind them near the time if they forget. If they are identified to have poor oral hygiene and need something above the normal oral routine, we will support them in this." One person who used the service said, "If I feel ill such as stomach problems or period pains the staff will look after me." Another person said, "If I fall and hurt myself staff will help me and give me pain killers"

One member of staff told us "Many people are independent and will attend healthcare services by themselves but an interpreter is always booked. In other situations a relative or staff member attends with them."

Is the service caring?

Our findings

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example, the service had flats on ground floor. This enabled people with limited mobility to have access to the care and support provided by the service.

We saw people were able to express their views and were involved in making decisions about their care and support. They were mixed view from people about the support they received or wanted. These are some of their comments: "I have a support plan and a weekly plan so that I know what I am doing and I have input into this." "Staff look after me okay, sometimes I feel like I am being pestered when I want to be left alone." "Sometimes when my mental health is bad and I am feeling down I want to talk to staff but they say to me they cannot talk only listen, it is a one sided conversation and I don't like it." "I don't feel supported to live independently as they pressure me and tell me what to do which is not helpful." "I like living here." "I feel safe here, people understand me and the staff are good." "I'm very happy here." Staff are very nice, they help me a lot."

People's comments were discussed with the registered manager who told us people's support plans addressed the individual and diverse needs of people, for example: cleaning; personal hygiene; behaviour; drug and alcohol dependency. Which were issues some of the people who used the service were supported with.

The service delivered a person centred approach and ensured the care people received was tailored to meet their individual preferences and needs. People looked very well cared for. They were tidy and clean in their appearance. One member of staff said, "We always match genders when a client does need personal care. If staff wants to enter a client flat, we press the buzzer three times to gain permission to enter and never expose people." This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily life.

We saw people were relaxed and comfortable in the presence of staff throughout our visit, and we saw staff were patient and focused on the person they were assisting or socialising with. People were free to choose how and where they spent their day. There was evidence in care plans that showed people who used the service personal choices, interests and activities were respected. For example one person told us, "I go out to college to learn new things." People told us they had a choice to go out on their own or with staff.

We saw all care plans and documents relating to individual people were securely stored thereby providing a good degree of confidentiality.

Staff talked about spending time with people and how they enabled people to be independent but at the same time ensured they received appropriate assistance. All the staff we spoke with were very confident people received very good care. One member of staff said, "When new staff start I always explain to them certain behaviour is not acceptable from staff or people who used the service'. Sometimes people do not

always want support and you need to respect that and personalities can clash." The member of staff went on to say "I love to care for people in the way I would expect to be cared for myself."

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to use the service. This included the types of assistance needed, how the person liked to receive assistance.

The staff we spoke with told us the daily routines of the home were flexible and based around people's individual needs. Care plans recorded what each person could do independently and identified areas where the person required support. When people came to use the service detailed assessments took place which ensured people's independence was maintained.

We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis.

The staff we spoke with told us they had input in to the care planning process and used the care plans as working documents. The staff also demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

We asked people whether they were supported by members of staff with the right skills and experience. One person said, "Yes they are good, some staff are nice; others are not so good." Another person said, "I find the staff very helpful and go out regularly with them."

We spoke with people who told us of their social and leisure activities in the local and wider communities. They were clearly happy with these activities. One person said, "We attend lots of activities in the deaf community, every week residents and staff attend a deaf café and every two weeks meet at the play house for an event where everyone communication is by signs. We also go on other activities and outings such as a recent trip to Cadbury world." We saw in peoples' care plans showed people were actively encouraged to participate in a range of appropriate social, educational and leisure activities. People were able to undertake any activities they liked such as shopping, gardening, cinema and college.

One person told us, "Every four weeks there are house meetings and we discuss any issues." Another said, "We have a meeting to discuss feelings about the house – the house is good." Another person said, "We have house meetings but I do not like them as there are too many rules explained and they are confrontational, I do not feel comfortable voicing opinions". We spoke with the registered manager about this. They told us they try to put people at ease so they can express their views.

We spoke with a person who said, "As a visitor and ex-resident sometimes the staff are very 'in your face' and tell you what to do it's too direct when you arrive" This was discussed with the registered manager who said they would look at the best way to address this.

We saw the complaint's policy was available in the home and were told this was given to people and their

relatives when they first began to use the service. However we found the complaints policy was last reviewed in 2012. The registered manager told us they were reviewing all their policies which would be in an accessible format for people who used the service. Staff said people were given support if they needed to raise any complaints.

One person said, "If there is a complaint, I have never heard of it. People can go direct to the manager and will use British sign language to explain the problem, the manager then resolves this direct with the staff." Another person said, "I could approach any member of staff with a concern and it would be taken seriously."

The service had a compliments and complaints file. There had been two complaints since the last inspection. One of these complaints had been completed and actioned another complaint had nothing in the file to state how this had been actioned. The registered manager said they would ensure all complaints were dealt with according to the provider's policy. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager had good knowledge of the support needs of the people who used the service and could describe the service well.

Staff were very positive about the registered manager and how the service was managed. Staff said they felt well supported in their role from the registered manager. One staff member said, "We get enough support." Another staff member said, "It is a lovely place to work and I feel supported." Other comments included, "We have a fantastic staff team, we all support each other." The manager is wonderful; we all know what is expected of us."

Staff told us they knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they were encouraged to put forward views and make suggestions to help the service improve.

There was no system in place for auditing the service. We asked the registered manager what system they had in place in relation to this. The registered manager told us they did not have any specific audits in place at the service to look at care plans, medications, training or accident and incidents. We spoke of the importance of these audits to ensure the service had the necessary checks in place.

We looked at the policy file in the service which showed some policies were out of date. We looked at health and safety policy, fire policy, missing person's policy and complaints policy which were all out of date. All of the policies we looked at stated they would be reviewed in 2012. We spoke to the registered manager who told us these were still in the process of been reviewed.

This was a breach of Regulations 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager ensured staff had an opportunity to attend meetings to discuss operational issues and contribute to the running of the service. We saw these meetings happened regularly and we looked at the minutes of the most recent meetings. Meetings evidenced discussion and open communication about incidents and other current issues within the service. Minutes were produced and circulated which ensured transparency and good communication within the service. We saw the registered manager asked staff to sign to confirm receipt of an agreement with the minutes. Staff told us they found the meetings useful and felt they could speak openly. One member of staff told us, "We regularly have staff meetings and house meetings for the residents to discuss feelings. I feel happy to voice my opinion in meetings." This meant that staff were being kept up to date with changes to the service and were able to contribute to its development.

We looked at the results from the latest surveys undertaken throughout 2015 by the provider to people who used the service. These showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys was always followed up to try and ensure the service was

continually improving and responding to what people wanted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance A number of the services policies were out of date or not reviewed at the time stated and there was no system in place for auditing the service. |