

SignHealth

SignHealth Constance Way

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

We carried out the inspection of SignHealth Constance Way on 14 and 28 July 2017. At the time of our inspection there were six people using the service. This was an unannounced inspection.

SignHealth Constance Way provides care and support for six profoundly deaf people, who have additional needs due to some mental health problems. The service is run by 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 home had a registered manager. 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.

At the last inspection we found the service required improvements. At this inspection we found the service had now met those requirements.

Staff had a good understanding of their responsibilities in relation to keeping people safe from harm.

There were enough staff deployed to meet the needs of the people and the results of background checks on staff showed that they were suitably employed.

Medicines were administered and stored safely, however medicines records and audits required further scrutiny. The provider carried out assessments to ensure staff were competent to manage medicines.

Staff received regular refresher training to keep their skills and practice up to date.

People were involved in choosing their own foods and they were provided with a well-balanced diet. Staff promoted effective food hygiene practices and healthcare services were accessed to regularly monitor people's health.

The provider followed the legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People told us they were listened to by helpful and kind staff.

People made their own decisions and choices about how they received their care. Staff understood how to meet people's individual needs and respected their privacy and dignity.

Care records were personalised and people's relatives were invited to reviews when people requested this.

Staff held regular meetings with people to discuss their individual needs and help them attain their goals.

Information about how to complain was available to meet people's communication needs and people told us they had no current concerns. People were confident any complaints they raised would be resolved.

Robust audits were carried out to identify shortfalls and improve the service. People and staff were content with how the home was run. The provider had involved people in how the service could be improved.

People who used the service and staff told us the manager was approachable, listened and was supportive to them. There were systems in place to monitor and improve 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 received their medicines in line with their prescription.
Medicines were stored and recorded appropriately.

Staff knew what safeguarding was and how to report any concerns they had.

Sufficient staff were on duty to meet people's needs and recruitment checks had been obtained before they were employed.

Is the service effective?

Good ●

The service was effective.

Effective arrangements were in place to ensure people received good nutrition and hydration.

Staff received appropriate training and support to deliver good standards of care to people.

People's consent was sought regarding their care in accordance with the Mental Capacity Act (MCA) 2005.

People had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People told us staff were helpful and kind. Staff understood how people wished to receive their care and this was carried out in a way that respected their dignity.

People were involved with the planning of their care.

Care was provided in a respectful manner and in the least intrusive way possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans stated how people's needs were met and people were involved in the reviews of these.

Staff supported people with their hobbies and interests inside and outside of the service.

Complaints were responded to when people had concerns about their care. People felt assured that concerns would be dealt with satisfactorily.

Is the service well-led?

Good ●

The service was well-led.

Robust quality assurance processes were in place to improve the service.

People and staff were complementary of the management of the service. The management team were committed to making improvements.

Surveys had been sent to people to obtain their views, and people's opinions were sought to learn how the provider could continually improve.

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 the 14 and 28 July 2017 and was unannounced. We last inspected Signhealth Constance Way in April 2016. At that inspection we rated the service 'requires improvement' overall.

The inspection team consisted of one adult social care inspector and one sign language interpreter.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. 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.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and five staff files. We spoke with four people and two support workers as well as the deputy manager and registered manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

At our last inspection we rated this key question as 'Requires Improvement'. At this inspection we found the service had made sufficient improvements and were now rated 'Good'.

People were supported to receive their medicines safely. People told us they had no concerns with their medicines and received their medicines at the right time. We conducted a tablet count of 'as required' medicines and found these to be accurate. When these medicines were given to people, the reasons for this had been documented on the medicine administration records (MARs). However the service had no protocol sheet to indicate to them when a person may require these medicines. We mentioned this to the registered manager who agreed to put protocols in place. By the second day of inspection we saw protocols had been put into place for people who received 'as required' medicines. Medicines expiry dates were documented and all the medicines we saw were before the 'use by' date indicated on the packaging.

Medicines were delivered to the home by a pharmacist in different formats depending on people's needs and wishes. Medicines were checked upon delivery and held securely in a medicines cabinet. People who self-administered their medicines kept their tablets in their rooms in locked boxes. Room temperature checks were regularly recorded to ensure the safe storage of medicines. Records detailed the appropriate information about people's medicines and any adverse reactions they may have to these. We checked four people's MAR charts and found that staff had signed these to show when medicines had been administered or checked.

Where people needed to take their medicines when they were away from the home a 'transfer of medicines' form listed the details of the medicines they had been given which were signed by people using the service and the staff member. Surplus medicines were collected by the pharmacist to be disposed of.

Staff had completed medicine competency assessments to improve their skills and knowledge about the safe management of medicines and what to do if any medicine errors occurred. We checked the provider's audit which carried out checks on medicines and documentation and found areas for improvement had been identified and where errors had occurred, these had been reported and investigated appropriately. However we found audits had not always identified the lack of medicines protocol sheets for medicines that were 'as required'.

People told us they felt safe using the service. Comments included, "I really like it here, I feel safe with the staff" and "We are all very safe here."

Safeguards were in place to prevent and respond to allegations of abuse. Information the Care Quality Commission (CQC) had received showed that any concerns had been referred to the local authority for further investigation. Information about safeguarding was placed in a central location in the service, so it was available for people to view. There were details to advise people who they could report their concerns to. Staff reinforced these messages during meetings with people about keeping safe from harm.

Staff were able to describe the different types of abuse and told us they would act on any information of concern if they suspected people were being or could be abused. A staff member commented, "I would report it straight away, we have to deal with all forms of abuse." They understood the importance of following the whistleblowing procedures if they had to report any workplace concerns.

People's care needs had been assessed, taking into account the risks posed in relation to aspects of their health care and physical wellbeing. Written guidance was in place to show how staff would manage the associated risks and the impact this would have on people if the control measure and the risk guidelines were not followed. Lone working risk assessments had been carried out for staff. Actions to take in the event of any emergencies were logged and stated that these must be reviewed if people's circumstances changed.

We checked the premises and all areas of the home and these were observed to be clean. Rotas had been implemented to ensure staff supported people to keep the premises clean and tidy. We checked the bathrooms on all floors and found that clinical waste equipment had been newly replaced. One person commented, "It's always lovely here."

A fire risk assessment was in place and staff had received training. Where people did not respond to the fire drill within an acceptable time, records showed they had received additional fire safety training to make them aware of the danger fire posed to them. The fire system had been adapted to suit the needs of the people who lived and worked in the service. For example the fire alarm had a flashing bright light and vibrating pad under people's pillows for when they were asleep.

The registered manager reviewed staffing levels to assess the amount of staff cover required during the day and night to meet people's assessed needs. We observed the number of staff on site correlated with the staff rota. Consistency of care was taken into account. The registered manager explained that at the last recruitment drive they did not always identify suitable candidates and it was important to them to get the right staff. To address this the staffing hours had been revised and bank staff covered the additional hours. People told us there was enough staff to support them when this was needed and staff confirmed this.

Recruitment records held the appropriate information to demonstrate staff background checks had been completed to assess the suitability of staff. Disclosure and Barring Service (DBS) checks had been carried out before staff were employed by the provider. Two references were on file for each member of staff and staff identification had been verified to evidence that the documentation was authentic. Records showed that disciplinary procedures were followed to address staff conduct when this was necessary.

Is the service effective?

Our findings

At our last inspection we rated this key question 'Good'. At this inspection we saw the service maintained their 'good' rating for this key question.

People had their nutritional intake monitored when required. The service made use of a MUST tool which monitors people's nutritional state and indicates to staff if further action is required. Some people who were supported with their nutritional intake had their weights recorded on a monthly basis.

People had access to kitchen facilities in their apartments to store and cook their food. We checked the fridges and found these to be clean. Food items were stored and sealed appropriately and labelled with the date of opening. Pictorial information was in place about how to cook and store food safely. Records showed staff completed frequent checks to monitor the safe handling and storage of food.

People were involved in choosing their preferred dishes and created their own menus. People were given sufficient portions of food which they told us they enjoyed. A staff member said, "People go shopping and get what they want, but we encourage a balanced diet where we can."

People chose to cook and eat their meals at different times of the day and staff were flexible in their approach to supporting people with this. We saw that people ate their meals at various times during the course of the inspection. Two people explained they were able to prepare quick snacks and drinks for themselves and purchase their own food groceries. They commented, "I go shopping and buy food and some drinks" and "Staff help me cook, I can also cook myself things like toast with butter." Care plans showed that staff had engaged people to choose healthy food options and records showed where a staff member had supported a person to cook.

All the people who used the service communicated through the use of British Sign Language (BSL). Most of the staff who worked at the service were also deaf and used BSL. This meant communication between staff and people who used the service was very effective. When meetings were held with external people who did not use BSL; interpreters were booked to translate, so people had a voice. People we spoke with told us, when they were at home they had no problems with communicating with staff.

We spoke with staff about their learning needs and they described the different ways people communicated their needs and explained they also learned the different signs people used. Staff worked with people to understand how best to communicate more effectively with them. One staff member told us, "We know the residents well which helps communication with them."

New employees had received an induction which involved them familiarising themselves with their responsibilities and duties and reading people's care records to gain a full understanding of their background and circumstances. New staff undertook the care certificate which is a nationally recognised set of standards and training for people who are new to health and social care. Staff training was planned and organised to make certain they received training that was reflective of the needs of people who lived in the

home. Records showed staff had attended training on a range of topics, such as first aid, safeguarding, Deprivation of Liberty Safeguards (DoLS), infection control, food hygiene and equality. The registered manager told us new staff also had to have completed their NVQ level 2 as a minimum.

Annual appraisals and supervisions had been completed with staff to discuss their experiences working with the people using the service and identify their learning needs. Training offered at the service was supported by two interpreters to alternately sign to the staff. When staff attended outside courses they attended with the use of an interpreter.

Staff had been supervised on a regular basis and we found that the registered manager had met with staff members as part of their on-going support. We spoke with a staff member who confirmed this and explained they communicated frequently with the registered manager and had also attended informal meetings about their work progression.

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. Care records showed where people had capacity to make specific decisions about areas of their care. Decision making agreements were held on people's files to show how staff should best support people to make decisions, who would be involved and who made the final decision. One person told us about the choices they were offered by staff and the decisions they made about their medicines and said, "Staff sort my medicines for me."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). No one who lived at the service was deprived of their liberty.

Healthcare professionals, such as GP's, occupational therapists and dentists, were involved in people's care when this was required. Records showed that staff frequently liaised with the community mental health team to discuss matters affecting people's healthcare needs and wellbeing. One person commented, "If I'm not feeling great I can go see the doctor." Staff made referrals to healthcare services when people's health care needs changed and we saw that the advice that was given to staff was acted on.

Is the service caring?

Our findings

At our last inspection we rated this key question 'Good'. At this inspection we saw the service maintained their 'good' rating for this key question.

People told us, "They are all very good, we have good relationships with staff", "They are always very nice, I get on with all of them" and "There is one staff member I am not sure about because I don't know them yet but I need to get to know them, otherwise they really help me."

We observed that staff treated people with kindness and respect. We saw that hearing staff minimised the use of verbal communication with professionals when in the presence of deaf people so they could be involved in the discussion. The importance of eye contact and non-verbal communication to express and convey messages to people was maintained when signing with them.

We saw that when people asked for help staff readily assisted and people did not have to wait for support. Staff frequently interacted with people in the main communal areas of the service with warm pleasantries and laughter exchanged between them. One person commented, "I am going to the gym soon. Staff helped me get into this, I really enjoy it." One staff member had returned from a shopping trip with a person and was seen admiring their newly purchased items, whilst staff reminded the person to ensure safe keeping of these.

Staff engaged with people to ensure their individual needs were met and people were involved in the decisions about the care they wished to receive. People spoke with us about their interests and what they liked to do. One person told us they made their own decisions and said, "I get to do my own thing. Staff give ideas but I always choose what I want to do," and another person spoke about their exercise routine and said, "I go to the gym a lot. It's something I enjoy doing."

Pictures or items made by people were displayed around the service alongside photographs of people taking part in activities. Each person's bedroom had been personalised, with posters and photographs on the wall. People were happy to show us their rooms and to talk about the things in their room. One person had their favourite football team's colours on their wall and smiled as they pointed it out to us. Another person had a poster of a famous pop star.

Staff spoke about people's needs; the tasks people were able to do independently and the areas where they required more support. We observed staff worked in collaboration when discussing people's care needs and how they had supported people during their day. We asked staff about people specific needs and when they supported individuals. Staff were able to explain in detail people and their needs and how they supported each person. This showed us staff had a good knowledge of individuals.

People told us their privacy and dignity was respected and they commented, "Staff always knock on my door and if I don't want them to do something, they won't do it" and "Staff know I can care for myself, they know they have to give me my privacy." As part of the provider's agreement with people staff conducted

health and safety checks on people's rooms. Staff had received training in dignity in care to understand their responsibilities and the importance of upholding the dignity of people in the home. Staff told us how they respected people's dignity and the importance of doing so. We judged people were respected at the service and their dignity was maintained.

Is the service responsive?

Our findings

At our last inspection we rated this key question as 'Requires Improvement'. At this inspection we found the service had made sufficient improvements and were now rated 'Good'.

Records showed that people were included in reviews about their care. One person told us, "I've had meetings with the staff to talk about me. I know about my care file as helped make it." All of the people we spoke with confirmed they had a care file about them and they had been involved in creating it. Care records were signed by people to show they were happy with the content.

Care plans had been developed in a format that was easy for people to read and understand. They included people's decisions and choices about the care they wished to receive. Regular one to one meetings had taken place with people and notes showed the decisions people made, the steps they had taken to achieve their goals and when their progress was reviewed. Records had been updated to show when people's circumstances changed so staff could be responsive to this. Some records still required reviewing but we found that the providers audit had identified these shortfalls in people's care records.

Staff spoke about people's aspirations and lifestyle choices and how they wanted to be supported. The times people were to be supported by staff with their one to one care was noted to ensure people were provided with the care and support that met their assessed needs. Minutes of residents' meetings showed that people were given the opportunity to voice their opinions and express their views about the home. One person said, "We have meetings so we can all say what we think. It's a useful meeting."

People were encouraged and involved in the activities they chose to take part in. Records showed people had plans in place to demonstrate the activities and leisurely pursuits they were involved in. People had specific plans tailored to meet their individual needs and in relation to their hobbies and educational and employment needs. People told us they spoke to staff about what they wanted to do and where their interests lied. Staff supported people to achieve these aspirations. For example one person went to the gym regularly and another person enjoyed shopping. We saw activities were discussed in house meetings. People took part in the running of their home, sharing housework tasks and cooking. Staff worked with people to develop everyday living skills. One person told us, "They help me do things to look after myself."

People explained they knew who to complain to and were confident in the registered manager's ability to resolve any concerns they had. People told us, "I would speak to the manager if I had any problems" and "I would just tell staff." To reinforce to people how to make a complaint, we saw information on notice boards on how to make a complaint if they were dissatisfied with the service and who they could escalate the complaint to if this was not resolved satisfactorily. Since the last inspection we found that the provider had received two complaints and these had been investigated and responded to within an appropriate timescale. The registered manager told us people were encouraged to raise any concerns and they used the weekly keyworker meetings and resident meetings to deal with things before they became an issue.

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'Requires Improvement' and we judged the service had breached Regulation 17 Good governance. At this inspection we found the service had made sufficient improvements and were now rated 'Good'.

People told us they liked the registered manager. Throughout our visit people approached both the registered manager and deputy manager to chat or just say hello. There were lots of natural warm exchanges. The registered manager knew people well and regularly spent time with people. People looked relaxed with the managers and staff. Staff told us, "The registered manager and deputy manager are always available, they are approachable and supportive. Even if what is worrying you is not directly work related they support you." We observed that the registered manager made a concerted effort to communicate with people who used the service and staff when they asked for support.

Weekly audits of medicines records and the environment were carried out by staff and recorded. The registered manager checked this as part of their monthly audits and an action plan was generated as a result. The registered manager had already completed many of the actions. Audits had also been completed on care records and had picked up issues in relation to errors and discrepancies on forms. For example, audits showed that some records required reviewing and where key information was incomplete and needed to be rewritten. Clear lines of accountability were recorded on action plans about which designated member of staff was allocated to complete the tasks in the service. One staff member commented, "We document a lot and all have our roles and jobs to complete."

The provider sought staff opinion through the use of team meetings and used these meetings to keep staff updated about any organisational changes. Staff had recorded their ideas about how they wanted to shape the service going forward. Examples included a special care home for older deaf people. The staff said they had done this so their ideas would be open for discussion.

Staff spoke favourably about the registered manager and said they were committed to making improvements to the service. A staff member said, "We have a strong team and are led from the front. The registered manager knows what they are doing and they are always looking to improve." Feedback had been sought by the provider to include people using the service. The provider used surveys to obtain people's opinions. Where people were satisfied or dissatisfied with the service, the registered manager analysed the information to identify where improvements could be made. The provider also obtained survey responses from health care professionals who, we noted, had only made positive comments about the service.

After receiving the last CQC inspection report the provider completed a post CQC inspection report audit. This report indicated and highlighted all the areas for improvement raised in the last report and monitored the service's progress against them.

The registered manager had notified the Care Quality Commission of important events as required.

Documents and records were up to date and readily available and were stored securely.