SignHealth

SignHealth Bowfell Road

Inspection report

SignHealth
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 September 2016 and was unannounced which meant the provider did not know we were coming. We last inspected the service on 23 September 2013 and found the service was meeting the legal requirements in force at that time.

SignHealth Bowfell Road is a residential care home based in Urmston, Salford. The service 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 kitchen and a bathroom. There is a shared lounge, communal entrance and hallways, and a staff office. There is also a large outdoor space with car parking, seating areas, vegetable and flower gardens.

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, their relatives and healthcare professionals were very positive and highly complementary about the quality of care and support provided to people at the service. People using the service told us they felt very safe living at the home. One person told us, "I get great support from staff, they are great at knowing me and how to motivate me. I'm very happy living here."

People at the service, relatives, staff and professionals spoke highly of the registered manager and the senior team who they said demonstrated a strong leadership and provided a 'hands on' approach to the care people received. They told us the provider and staff went above and beyond to ensure they received a person centred service.

The registered manager involved people, relatives and healthcare professionals to ensure people received the support they required and to make decisions that were in their best interests. Healthcare professionals told us, "We at the unit cannot praise the team at SignHealth Bowfell Road enough, they are an amazing team, they have a holistic approach to the care they provide both physically, psychologically and socially."

There was a strong emphasis on person centred care. Risk assessments and care plans were very person centred and written in plain English which made it easier for people to understand them and what their purpose was so that people could be fully engaged in progress towards agreed goals.

People were encouraged to become more independent in their daily living skills. People were particularly well supported to be part of the local community and to access educational and vocational opportunities.

Staff were very clear on the values of the organisation and service. They spoke of their "Mission" to get people properly integrated into the community. Promoting equality was a major thrust of the service.

Positive risk taking was driven throughout the organisation, balancing the potential benefits and risks of taking particular actions over others, in order to support people to live fulfilling lives. Staff understood how to manage risks to people's health and supported them to develop and reach their full potential. Staff had clear guidance on the positive management of behaviours that may challenge the service and others which protected people's dignity and rights.

An outstanding characteristic for the service was the time spent developing ways to accommodate the changing needs of the people who used the service, using innovative and flexible ways to support people to move forward. Staff supported people to identify and manage their changing needs in a flexible way to ensure they made progress towards their recovery, and to manage their sometimes very complex physical health needs.

People's healthcare needs were particularly well managed by this service. Staff worked as part of multi-disciplinary teams to support people with a range of very complex healthcare needs. Healthcare professional described the support offered to people as being 'outstanding' stating, "SignHealth are instrumental in providing a quality of life to people that leads to an amazing levels of independence and this contributes to really positive outcomes to wellbeing."

The provider used a robust recruitment procedure which ensured people received support from staff vetted as suitable to work with vulnerable people. As part of the recruitment process the provider used value based recruitment techniques, a clearly defined culture statement and staff competency assessments. People were involved and contributed to the recruitment process of potential staff. All staff used British Sign Language (BSL) and deaf staff were recruited as much as possible to act as positive role models. Staff were very skilled at communications skills, including BSL, to maximise engagement with people.

Staff had detailed knowledge of people's needs and had the skills to provide their care effectively. The registered manager and senior team carried out regular supervision sessions and appraisals.

Staff members said they felt valued and an important part of the team. They received training that was relevant to them and excellent support through regular supervisions and a yearly appraisal. Staff felt well supported and understood their roles and responsibilities to ensure they delivered people's support in an effective manner. There were clearly defined roles and responsibilities for each staff member. Staff turnover was low and people had keyworkers who knew them very well. This meant people were supported by a stable, highly skilled and competent staff team who were meeting the needs of people who could have complex and challenging healthcare needs.

People were at the heart of the service, which was organised to suit their individual needs and aspirations. They were given information about reporting concerns in a number of ways including in a visual format and were encouraged to raise any issues through key worker meetings, group meetings or by speaking with an advocate.

The registered manager effectively used the audit systems to continually monitor and drive up the quality of the service offered to people.

The service was well led and run by the registered manager, supported by a strong staff team who were clear and passionate about promoting deaf people to participate and engage fully in society.

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.

Staff ensured people were safe from the risk of avoidable harm. The service identified risks to the person and others to keep them safe. Risks to people were regularly reviewed and staff supported people to live safely.

Staffing levels were appropriate to ensure people received the level of support they required in a consistent and reliable manner.

Staff managed people's medicines safely.

Is the service effective?

Good

The service was very effective.

Staff were highly trained and had the knowledge, skills and time to care for people in creative but safe way. All of the staff at SignHealth Bowfell Road were able to sign to British Sign Language (BSL) Level 2.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's rights were well protected.

We found that people received excellent ongoing healthcare support. The feedback that we received from healthcare and social care professionals was that the service was outstanding at delivering and monitoring people's health care needs. People were very well supported by staff to maintain a healthy lifestyle.

Is the service caring?

Good

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.

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

Communication was paramount within the service to enable people to live independent and full lives.

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.

Is the service responsive?

Good

The service was responsive.

Staff developed innovative approaches to identifying people's support needs. Support was designed around the individual and was flexible and responsive to people's changing needs. People achieved their goals which led to a sense of achievement and added to their well-being.

People were actively encouraged to be a part of their local community and supported to access a full and wide range of activities, interests and educational courses.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good

The service was well-led.

There was a registered manager employed. People knew the registered manager and said that the home was well managed.

There were clear values underpinning the service which were focussed on promoting independence and providing person centred care.

The atmosphere in the home was open and inclusive. The focus of the service was on providing high quality, individualised care which respected each person's rights.

Incidents and notifiable events had been reported to CQC.

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

SignHealth Bowfell 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 28 September 2016 and was unannounced. The inspection was undertaken by one adult social care inspector, supported by a British Sign Language (BSL) interpreter.

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. We also requested the provider to complete a Provider Information Return (PIR) which is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make.

We asked a BSL interpreter to work with us at the home, because the majority of people who lived there used BSL to communicate between themselves and with staff. We spoke with five people who lived at the home. We observed how people were supported to maintain their independence and preferred lifestyle.

We spoke with four staff members, the team leader and the registered manager. We also spoke with a relative of a person using the service after the inspection. We looked at records including four care records, training files, staff supervision records, medication records, audits and complaints.

We contacted the local Healthwatch team, service commissioners and other healthcare professionals such as social workers and community mental health nurses to gather their views about the service.

Good

Is the service safe?

Our findings

People we spoke with through our interpreter expressed that they felt very safe and secure with the service provided. They had confidence in the staff's ability to care for them safely. Relatives that we spoke with had no concerns about the safety of their family members. People told us, "Yes I am safe. I'm not frightened." Another said, "Yes I'm alright, I feel safe here." And "No one has bullied me but I know what to do as I will tell the staff."

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.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. All staff attended safeguarding training as part of their induction to the service and then had regular updates. It was clear from talking with staff that they knew how to identify different types of abuse and how they would report any concerns. A support worker told us, "Safeguarding and keeping people safe is a really big deal here. We keep it really current through training updates and it's always raised in supervisions and staff meetings." Another said, "We use our roles as keyworkers to spend time with people one to one so we can talk about any issues worrying a person." Safeguarding posters were on display in the staff office to notify staff of who to contact if they had concerns. We found there were policies and procedures in place to guide staff on how to help keep people safe.

Staff told us the whistleblowing policy was clearly explained to them. One told us, "I know I can challenge poor practice. I would tell a senior. I have faith they would follow up any problems. It's a very open culture here. No bad practice would go unchallenged."

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 self-medication, food preparation and personal relationships. 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 it was important for them in 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 an agreed plan of action between staff and the person using the service.

The provider took a proactive approach to risk taking and supported people to take risks with the appropriate level of support. For example, people were supported to become more independent when going out in the community by gradually reducing the number of staff required to support them, and only after ensuring they felt more confident. Staff that we spoke with 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.

We saw there were enough staff to support people according to their needs and preferences. People using the service told us there was always someone available to help them if needed. The manager told us 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 staffing levels were flexible to meet the individual needs of people using the service. Where people required extra support to go out in the community, extra staff were added onto the rota to meet their needs. Senior team members were available on call throughout the night in case of an emergency.

Records we looked at showed that staff were recruited safely, which minimised risks to people's safety and welfare. The manager checked staff were suitable to support people and enable their independence before they started working at the home. In the three staff files we looked at, we saw the manager checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People were kept safe in their living environment through appropriate health and safety risk checks carried out at the service. We saw fire risk assessments with action plans that were signed and dated when the action was completed. Fire safety equipment was regularly tested and a practice fire drill had recently been undertaken. The registered manager had analysed the outcome of the practice fire drill and had identified additional actions that could be taken to minimise risks. We saw people's personal emergency evacuation plans to ensure everyone's individual needs for support in an emergency were detailed. This included measures to alert people who were deaf such as flashing lights connected to the fire alarm system.

There was an effective system in place to ensure people received the medicines they needed safely. We saw that medicines were kept safely in locked cupboards, either in the staff office or in people's rooms depending on whether people self-medicated or needed staff support. Medicines were prescribed and given to people appropriately. The provider had a system in place to manage the safe administration of medicine in line with people's care plans. Staff told us that they were always told by the senior staff, "If in doubt, ask" and, "Take all the time in the world when it comes to medicines."

We looked at staff training records and saw that staff had received medication training. One staff member said, "We sometimes have spot checks by the manager or deputy. They will give a scenario for example 'what would you do if someone's insulin levels dropped'. It's good because it keeps it real and we can see the importance of getting it right."

Appropriate arrangements were in place in relation to obtaining and the recording of medicines. We checked the Medication Administration Records (MAR) for four people using the service. These were all complete and signed by staff. 'As required' medicines, such as pain relief were also recorded, including when offered but declined.

Staff carried out assessments with people to see if they were able to self-medicate or if they needed staff support. The registered manager told us that people required varying levels of support to manage their medicines. People told us that staff supported them with their medication and encouraged them to manage it themselves if possible. One person told us they managed their own medicines and that they went on their own to the hospital every three weeks for their medicines level to be checked out. Staff regularly checked that people were managing their medicines safely through detailed risk assessments and reviews.

Good

Is the service effective?

Our findings

The people we spoke with, through our interpreter, told us staff supported them in the way they needed to live full lives. One person told us, "I can do what I want and go where I want. I never used to be like this. I would never go anywhere. It's been great coming here. I have done so many new things with staff help." Another said, "I have a keyworker. It's been the same one. He is fantastic. He helped me do up my flat and choose new furniture. I love it here. I've been in care homes that I didn't like but here you get freedom to do things."

People all said they liked having deaf staff and staff who could use BSL to communicate with them. One said, "I feel confident speaking with them, they are patient with me." Another said, "The manager, (Name) takes time with me. We sit down to talk about issues like my finances and what I can and can't afford. He takes his time to talk to me."

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

All of the staff were able to sign to British Sign Language (BSL) Level 2. The manager told us, "Having a number of deaf people on the staff team makes us very positive about what people can achieve." We found that new staff had an induction programme and six month probationary period. One support worker told us, "The Induction was really good. I read care plans, people's routines, learning basic signs more specific to individuals as well as the house practicalities such as fire safety and risk assessments." Another support worker told us, "I read the files, talked to families and talked to staff about what people like and need. I was given loads of time to get to know the people living here."

Training and learning new skills was a key feature of this service for both staff and the people living at the service. Staff said, and we saw from records, that they had attended extensive training in a number of areas which helped them to carry out their roles as support workers more effectively. These included medication, food hygiene awareness, safeguarding of vulnerable adults, autism awareness, managing behaviours that may be challenging and Mental Capacity Act (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 that was bespoke to the needs of the individual people in the service such as …..

Staff were supported to gain further qualifications relevant to a career in social care by achieving National Vocational Qualifications (NVQ) Level 2 or Level 3 (now known as a Diploma in Health and Social Care). This meant people received care from staff who had the skills and knowledge to meet their needs effectively. The registered manager also said that he and the provider were great believers in nurturing staff and promoting from within the organisation. A staff member told us, "The training is fantastic, the managers are amazingly good at offering support. We have lots of opportunities here for career progression."

Staff were really well supported to ensure they offered the best support to people. Staff supervisions 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 at six monthly intervals and in more detail annually where 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 upcoming year 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. Staff were encouraged to aim for excellent in all areas and provided with guidance on how to reach that level.

We saw that communication was extremely important and effective within this service. We sat in on a team meeting and saw the different levels of communication between the staff team. For example they had an independent signer and interpreter who was separate to the staff team so that everyone could play a full part in the meeting. This was particularly so that the deaf staff members were fully engaged and contributing. The manager told us that it was vital that they fully contributed and played a positive role model to other staff and to people in the service. Additional to this was an independent recorder who typed up the meeting as it went along so accurate minutes could be kept and given to those who couldn't attend.

Staff were paid both for training and for attending meetings. At the team meeting, we sat in on, the use of a person's nebuliser was being discussed, with staff going into very specific detail of how and when it should be used to best effect to help a person with their asthma.

When a change was made to a person's care plan or a new risk discussed the keyworker gave a presentation at the team meeting to describe the plan and how it should be implemented. We saw that staff could ask questions and have further input into it. Those people who wanted to could also attend these meetings with full staff support so that they could contribute fully to their plans and review meetings, if they wished.
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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met." 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 personal relationships so that they were protected from for example, potentially controlling or coercive behaviours of others. 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 such a situation were to occur.

People were really well supported by staff to maintain a healthy lifestyle. People's independence was promoted through encouraging them to shop for food and also to prepare their meals. Staff encouraged people to eat as healthily as possibly whilst at the same time respecting their wishes to choose food that they liked. Staff made appropriate referrals to specialists if they suspected significant changes that could

have been caused by people's diets, such as gaining weight. People also had regular medical checks to monitor any changes caused by diets. General health checks such as blood pressure, cholesterol and medication reviews were completed yearly.

We found that people received excellent ongoing healthcare support. Small changes were noticed by staff and acted upon. Healthcare professionals sought out staff feedback as they said they were so good at noticing small changes, such as side effects of medications. This meant that early interventions had made a difference to people staying well. For example one person was noted to have been unwell and over a short period of time, staff had made a referral for the person to have an operation that had saved their life. Another person was noted by staff to be having some hair loss which they raised with health professionals who diagnosed a thyroid problem that was then treated.

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. People had been supported by staff while they had been in hospital for long periods to ensure that they received the right care and had an interpreter with them at all times.

People received excellent support for their mental health needs through regular reviews and informal chats with their keyworker. The keyworker helped the person liaise with the community mental health team, where appropriate. Staff had received training on mental health and the use of recovery interventions, such as the Care Programme Approach (CPA). CPA reviews provide a framework in caring for people with mental health needs. 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. This demonstrated that the provider used appropriate tools and training to staff to provide support for people with a mental health diagnosis or those with a disability.

People had annual medical reviews with a G.P and ongoing reviews with other appropriate professionals, for example appointments for their hearing aids, audiology and endocrinology. Appropriate referrals were made to professionals such as nutrition and diet specialists when the need arose. We saw evidence that staff communicated well with community professionals when discussing people's medical needs to ensure that they received consistent care and support.

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

The service was designed and adapted to ensure that people could be safe and yet given independence within each of their flats. For example, door bells were made to flash to signal a visitor and each flat was on a different electrical circuit that included a separate circuit for the kitchen. This could be switched on and off dependent on risk, and was linked to people's move towards becoming more independent as they gained the skills to cooking safely.

Good

Is the service caring?

Our findings

People told us that staff were "really kind and caring" and "I'm really happy here". One person said the staff in the home were "all great, they respect me and never rush me." One person said they had been in another care home and didn't like it but the difference with this service was "Staff treat me with respect and I know what I can do and what I've agreed to." Relatives told us they felt the staff and the service they offered was excellent and very caring.

We observed that staff supported people in a friendly, compassionate and yet professional manner. Staff took opportunities in every day conversation to reinforce and praise people for their progress and took a real interest in what they were doing. Staff also encouraged the people to reflect on things that may not have gone so well. This also was done in a non-judgmental and kind way. It was notable that staff gave the acknowledgment of people's progress to the individual.

Professionals we spoke with told us they felt the staff and people using the service had a mutual understanding and effective relationship. Relatives that we spoke with were also satisfied with the attitude of staff towards people and their friendly manner.

People who used the service responded well to this approach. It was clear that staff had taken time to get to know the people who they provided a service to. We saw from written records of care that information had been gathered about people's personal histories. There was also a section on what people enjoyed doing along with their likes and dislikes. This helped to enable staff to deliver person centred care. This had hugely boosted people's self-esteem. We saw how one person had been helped by staff to decorate their flat and were hugely proud to show people. We were invited to go and look and the person told us how they had chosen all of the décor themselves.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Staff ensured that people had the means to communicate effectively so that their wishes were known. A key feature of the home was the time given to people by staff on a one to one basis. This meant that people had lots of opportunities to express themselves so that their wishes were known and recorded.

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. 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 on display. We saw evidence of referrals to the advocacy service when making decisions related to people's capacity to consent around certain behaviours.

We saw that people's privacy and dignity was upheld and central to the philosophy of the home. There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way.

This meant that the service ensured that people were not discriminated against. One staff member summed it up by saying, "Every individual is different, and we mean that here."

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 registered manager told us, "We have real empathy for the barriers the clients face."

'Tenants meetings' were held monthly and gave an opportunity for people 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 said, "We use visual care plans so people understand."

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 have lived there.

Good

Is the service responsive?

Our findings

We found that the service was flexible and responsive to people's individual needs and preferences. People told us that they were not only included in making decisions about their lives in the home but that they were central to it. One person said, "The staff have helped me to set rules for myself, I know what I can and cannot do and what I've agreed to. This way works as I learn from my mistakes." And "I know everything that's in my support plan because I did it with staff."

We saw how staff had enhanced people's sense of wellbeing and quality of life. This was seen in the way staff enabled people to develop meaningful relationships in their personal lives and by the extent of support given to be a part of the local community. The service was very person centred in its approach. People using the service lived independent lives and pursued interests and activities that were of their liking.

Staff gave us numerous examples of how they achieved positive outcomes for people. They worked with people in developing social skills, building relationships and learning skills that made them more independent. Activities included attending college courses, exercise classes, shopping trips and cookery classes and going out to pubs and restaurants. This minimised the risk of people becoming socially isolated.

People told us of all the activities and recreational things they had been supported to do by staff in the home. One said, "I've done all sorts of things since I came here. Staff have helped me go to college, to Zumba classes and to play badminton." Another person said, "I go by bike to an airport to watch planes."

People also told us that they were able to maintain relationships that were important to them. We were told how one person had been supported to find a long lost family member through the hard work and research carried out by staff. Staff told us that the service successfully supported people to live active lives and to make a positive difference for people which had not been possible before they started using the service. People were encouraged to be motivated and inspired by their achievements. They were supported to learn and were enabled to develop computer skills, undertake employment and work as volunteers.

To achieve this level of engagement the registered manager had carried out comprehensive assessment of people's needs before they started using the service. We saw that people's care and support was planned proactively in partnership with the people in the home. Staff used innovative and individual ways of supporting and involving people so that they felt consulted, empowered, listened to and valued. This was made possible by the model of support and treatment plans that had been developed specifically for use with deaf people. The person centred approach gave the individual the tools to understand and manage their behaviours and life. This meant that people received consistent care that was appropriate to meet their individual needs.

When we checked the care records for people using the service we saw that they were person centred and there was clear evidence that people had contributed to them. The plans 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 important and were

considered when completing the records and helped people to understand what was written in them.

Staff supported people to overcome barriers such as their complicated disabilities and medical conditions so they could become valued and respected members of their community. We spoke with staff and they said, "There's a lot of recording but it's worth it as we can see clearly where progress is being made, and so we maintain this but then we concentrate on the gaps. It really does work at building on the positives and gives building blocks to creating more independence."

We saw that the service was responsive to peoples changing needs. When we contacted heath and adult social care professionals working with the home they reported that the home had worked creatively and flexibly with people with complex and high support needs. This was particularly with those people that may be able to go on to live more independently but who have struggled to fit into traditional services. They told us, "The staff team have been very responsive and engaged. Their care planning is very person centred and collaborative with the client. This had resulted in a very successful transition. They provide a seamless service." Another healthcare professional said that the team had, "Complete awareness of the signs and symptoms of deterioration of the person's condition which allows us to respond in a timely way as a whole team."

The provider made reasonable adjustments to the service based on the needs of people using the service. This included creating a 'Deaf friendly' environment where people signed at all times, appropriate fire alarms and doorbell with flashing lights and bed sensors to alert people.

Good

Is the service well-led?

Our findings

We saw that people in the home were central in decisions about how the support that was provided. The atmosphere was open and inclusive. People had been asked for their views about the service and the care they received and action was taken in response to their comments. House rules had been developed by the people in the home, and they told us that doing it this way made them more likely to stick to them. People in the home also told us that they frequently had meetings in the home so that any issues could be ironed out quickly, and this could be about them as individuals or about the running of the service.

We spoke with the registered manager about the service. He had been instrumental in setting up and leading the development of this provision which he said was about empowering people to make informed choices and be in control of their lives and their actions. The registered manager frequently researched good practice in the field of mental health and deaf provision and had used this, and the advice sought from health and social care professionals, to design the service and keep it up to date with current good practice. This had led to a bespoke service built around the needs of the people; from the building adaptations through to model of staff support and interventions and to the recording and monitoring of risks and people's progress.

We acknowledged that the service had provided excellent support to people and that staff were motivated and well-led. This was confirmed by the health and social care professionals who we contacted for feedback about the service, all of whom said the service was very well managed.

During our inspection it was clear that the registered manager was very knowledgeable about the day to day operation of the service. We noted that when necessary he worked alongside the staff providing support to people and giving support to staff. This helped to maintain oversight of the quality of care. There was a clear management structure in place and a very experienced deputy was also in place. The registered manager strongly encouraged a positive approach to risk taking and acknowledged that this sometimes led to mistakes; however they promoted a strong 'no blame culture' whereby they discussed what went wrong, what they had to do differently and the way forward.

Staff we spoke with felt that communication in the home was very good and they felt well supported by the registered manager. One said, "The manager is very helpful and approachable, he knows his stuff and always has time to spare for you." Another said, "I love working here, with it being a smaller organisation that's good, you have more input and can influence changes. The managers know us and the people we support really well, and that's massively important."

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 in subsequent meetings. One staff said, "The whole team here are great, I love working here." Another said "The whole team are very supportive. It's easy to speak up. I feel really well supported. I'm new but still feel able to have a say as the team make you feel so welcome."

The provider and the registered manager created an environment within the service that encouraged innovative thinking and encouraged the sharing of new ideas. Staff told us this inspired them to share their knowledge, experience, skills, suggestions and recommendations. We saw this was done in many ways such as specific new ideas meetings held at the service, suggestion boxes at the front and main office, a suggestion area on an internal board and dedicated times to meet and chat with the registered manager. Suggestions were gathered monthly and fed back to people and staff with details of action taken. We saw this in action when we witnessed a dynamic and interactive staff meeting on the day of our inspection.

We looked at how the provider and the registered manager monitored the quality of the service provided at SignHealth Bowfell Road. We saw that the registered manager carried out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care.

The service also carried out regular customer satisfaction surveys which included questions about the standard of care. Formal and informal methods were used to gather the experiences of people who lived in the home and their feedback was used to develop the service.

The registered manager carried out regular checks on all aspects of the service. We saw that they had a plan for the continuous improvement of the service. The improvement plan included the views of people who lived in the home about how they wanted the service to develop.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.