

SignHealth

# SignHealth Constance Way

## Inspection report

SignHealth  
2 Constance Way, Leicester Place  
Leeds  
West Yorkshire  
LS7 1HX

Tel: 01132457991  
Website: [www.signhealth.org.uk](http://www.signhealth.org.uk)

Date of inspection visit:  
15 January 2024

Date of publication:  
09 February 2024

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

SignHealth Constance Way is a residential care home which provides care and support for six deaf people who also have mental health needs. At the time of our inspection there were 6 people living at the service.

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

People and relatives shared positive feedback about the care provided and management of the service.

Overall, medicines were safely managed and people were supported to be as independent as possible with this area of their care. Risks to people's care were identified and well managed; and staff were knowledgeable about people's needs. However, we identified some examples where support being provided was not always recorded. People were supported by a consistent team who had the appropriate skills and training. We received mixed feedback in relation to staffing levels. Systems were in place to protect people from the risk of abuse and to manage any risks related to their care needs. Staff recruitment practices were safe. There were systems in place to minimise the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however the policies and systems in the service were not always being followed. We found the registered manager was following the principles of the MCA and had involved relevant professionals when making best interest decisions, however this was not always being recorded. We have made a recommendation in this area.

The providing was caring for people with learning disabilities but this was not included in their registration. We asked the provider to take appropriate action. Governance systems were in place to ensure the service were reviewed and checked regularly however we found some examples where these had not been fully effective. Care was designed and delivered in a person centred way and people were encouraged to be independent and be engaged in activities to enhance skills.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 September 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# SignHealth Constance Way

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector and a British Sign Language Interpreter.

#### Service and service type

SignHealth Constance Way is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. SignHealth Constance Way is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 January and ended on 29 January. We visited the location's office/service on 15 January 2024.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We reviewed feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 5 people using the service and 1 relative about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people.

We spoke with several members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included 2 people's care plans, risk assessments and associated information. We also reviewed multiple medication records. We looked at 2 staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Overall, medicines were safely managed.
- Medicines were kept in people's bedrooms to promote person-centred care in this area, however room temperatures checks were not being completed. On the day of the inspection, staff checked room temperatures, and these were within the safe limits and regular checks in this area were implemented immediately.
- People were supported to be as independent as possible with their medication. Some people self-administered their medicines and there were regular checks in place to ensure this continued to be safe for people.
- Staff had their competency to safely administered medication regularly assessed.

### Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people's care were identified and well managed. We found a couple of examples where monitoring and support provided in relation to people's mental health needs had not been recorded, but the registered manager acted on this after being raised.
- Staff were knowledgeable about people's needs and care required.
- Incidents were analysed and actions taken to prevent incidents happening again.
- People shared positive feedback about the safety of their care and all commented on feeling safe.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The registered manager and staff were aware and working in line with the principles of the MCA such as always assume people have capacity and if people lack capacity, the least restrictive option should be selected in people's best interests. Relevant healthcare professionals were involved in making decisions in people's best interests. However, decision-specific mental capacity assessments and best interest decisions were not being documented in line with the provider's own policies. After our inspection, the registered manager sent us information showing their progress in this area.

We recommend the provider reviews and implements best practice guidance in documenting mental capacity assessments and best interest decisions.

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- Staffing levels were safe but we received mixed feedback in relation to staffing. Some people commented on always enough staff being on shift, other people told us there had been recent changes in staffing and one person told us the service was "a bit short staffed". We discussed this with the registered manager who explained the reasons why the team had recently changed and the actions in place around recruitment and contingency plans while this recruitment was ongoing. We did not find evidence of staffing levels having a negative impact on people's needs not being met.
- People were supported by a consistent team who had the appropriate skills and training. All staff communicated with people using British Sign Language.
- Staff were safely recruited.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had a system to manage safeguarding concerns.
- Staff had a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.
- The registered manager was aware of their responsibilities under safeguarding and staff told us they were confident that any concerns raised to the management team would be appropriately dealt with.

#### Preventing and controlling infection

- The home's environment was clean, and the provider was managing the risks of cross infection well.
- Staff had completed training in infection control prevention.

#### Visiting in care homes

- Relatives and friends were able to visit people living at the home, in line with visiting guidance.



# Is the service well-led?

## Our findings

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

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

### Continuous learning and improving care

- The provider had several quality assurance systems in place. Some improvements were required with medicines and care plan audits as these had not identified some issues found during this inspection. However, the management team was conducting regular audits on relevant areas. When required, action plans were generated to drive improvements. This ensured there was good oversight of the service.
- The home had an improvement quality action plan that identified areas for improvement and timescales. The registered manager told us the progress on the actions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The providing was caring for people with learning disabilities, but this was not included in their registration. The registered manager explained they had only recently started supporting people with a learning disability and would take immediate action to update their registration.
- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.
- People and staff told us the management were supportive and any issues raised would be acted on timely and appropriately.
- The registered manager and staff were committed to providing high quality care which reflected people's preferences and met their specific needs.
- Care documentation was person-centred, with very good details around Accessible Information Standard. Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider proactively involved people and sought their views. Every month, people were encouraged to review their care with their key worker and make changes to their care plans, if required. There were also regular residents meetings taking place, where decisions about activities and meals were jointly taken.

- People and relatives shared positive feedback about the care provided. During this inspection, we observed positive and warm interactions between people and staff. People told us they felt listened to and respected by staff.
- People were involved in several activities in their home and out in the community. People were encouraged to be independent and enhance their skills. Some people chose to enjoy activities together in the house or out in the community.

#### Working in partnership with others

- There was good partnership work between the service and other healthcare professionals to meet people's needs.