

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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Signhealth Bowfell Road is a residential care home providing personal care for up to six deaf people with mental health needs. Each person has their own self-contained flat and there is a communal lounge, garden, a staff office and sleep-in room.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service provided highly person-centred care and support. People were fully engaged in planning and agreeing their support and activities. Risks were assessed and well managed.

The service promoted people's involvement in their care and support through visual communication methods and innovative role playing to help people to make choices and decisions.

Visual care plans were developed with people choosing the pictures or photographs to be used.

An independent advocate visited the service at least every three months to discuss any issues and support people to express their views.

Care staff were positive role models for people. All staff were fluent in British Sign Language (BSL). BSL interpreters were booked so people and staff could be fully engaged in any appointments.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The home was fully adapted, with visual fire alarms and door bells. Visual information was used throughout the service to provide people with information.

People and relatives were very positive about the staff team at Signhealth. People were relaxed and comfortable with staff. The staff knew people and their support needs exceptionally well. People were supported to participate in a wide range of activities and to increase their independence at home and in their wider community.

People's health and nutrition needs were being met by the service. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff team said they enjoyed working at Signhealth, were well supported by the management team. They were very positive about the training and presenting what they had learnt to the rest of the staff team so that everyone benefitted from the courses they had completed.

The management team had a robust quality assurance system to monitor and improve the service. There was an open culture, with involvement from people and staff in the running of the service.

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 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# SignHealth Bowfell Road

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector, supported by a British sign Language (BSL) interpreter. We asked a BSL interpreter to work with us at the home because the people who lived there, and the staff team, used BSL to communicate.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two people who used the service about their experience of living at Signhealth Bowfell Road. We spoke with three members of staff, including the team leader and support workers. We also spoke with an independent advocate who worked with the people living at the service. We observed interactions between the people who lived at the home and the staff members.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with the registered manager as they had been unavailable on the day of our inspection. We contacted two professionals who work with the people receiving a regulated activity and one relative.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place, detailing how risks were managed. These had been regularly reviewed. People were involved in making picture versions of their risk assessments, so they could more easily understand them.
- People were supported to take positive risks, for example staff worked with one person so they were able to safely access the local community on their own and return home at an appropriate time.
- Where people may become anxious or agitated, guidance was provided for staff to de-escalate and distract the person and reduce their anxiety. For example, staff spent time each evening with one person prompting them to talk about their day and any anxieties they had. A visual prompt had been made to remind the person to talk with staff if they became worried to try to prevent their anxieties increasing.
- The home was safely managed and maintained. Weekly and monthly checks were completed to ensure all systems, including the fire alarm and visual door bells were working.

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

- People said they felt safe living at Bowfell Road. One person said, "Yeah, I'm safe here."
- Staff knew the safeguarding systems that were in place and how to report any concerns they may have. They were confident that the registered manager would look into any concerns they raised.
- Safeguarding procedures were regularly discussed in team meetings and staff supervisions.

### Staffing and recruitment

- People and staff said there were enough staff on duty to meet people's needs. We observed staff had time to spend with people if they wanted them to.
- Staff continued to be safely recruited, with all pre-employment checks being completed before the new staff member could start work. People who used the service met prospective candidates and provided feedback to the registered manager as part of the recruitment process.

### Using medicines safely

- People received their medicines as prescribed and clear records were kept. There were safe procedures for the ordering, receipt and administration of medicines.
- Clear guidelines were in place for when any medicines not routinely required (PRN) should be administered. This included the steps staff should take to try to reduce a person's anxiety before a PRN medicine was used.

### Preventing and controlling infection

- People were supported to clean their individual flats and complete their laundry.
- Staff were trained in infection control and had access to personal protective equipment (PPE) when required.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded by the care staff and analysed by the registered manager and team leader so that steps were taken to reduce the chance of any re-occurrence.
- The service continuously learnt from previous incidents. For example, from previous experience, staff had recognised that one person's mental health had started to deteriorate and referred them for a review with the community psychiatric nurse. Steps had been taken to address the person's anxieties and therefore reduce the risk of an incident occurring.



# Is the service effective?

## Our findings

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

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

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

- People's mental health, physical and social care needs were assessed and reviewed with them. Support was provided in line with people's choices and wishes.
- The registered manager kept up to date with new guidance and legislation. The staff team were involved in learning about this so they were more aware of the legal requirements and could discuss where possible improvements could be made.

Staff support: induction, training, skills and experience

- Staff were very positive about the support and training they received. Staff training was up to date and monitored by the registered manager.
- The service developed staff learning and practice through distance learning workbooks which focused on different areas of care, for example nutrition, challenging behaviour and diabetes. The staff then presented what they had learnt at a staff meeting so the whole team increased their knowledge. Staff feedback was that this was a beneficial experience that they had enjoyed doing.
- Staff had regular supervision meetings. Staff were positive about these and said they could raise any ideas or concerns as well as discuss their training and development needs.

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

- People were supported to buy and prepare their own food, giving them choice and control over what they ate. Staff assisted people to budget their money to buy the meals they wanted.
- Visual information to promote healthy food choices had been made by staff after the staff had completed a nutrition distance learning course.

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

- The service was fully adapted to meet the needs of the people using the service. Visible fire alarms and door bells were used so people knew they had been activated. Vibrating pads under pillows were used at night to alert people in the event of a fire. The sleep-in staff could be woken via a visual door bell in the case someone needed them at night. Staff told us this worked well.

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

- People were supported to maintain their physical and mental health. People's healthcare needs were assessed, and care plans written to guide staff to support people to stay healthy.
- Regular reviews were arranged with community health professionals. The service ensured BSL interpreters

were booked where required so people and staff could communicate effectively with the health professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff supported people in a variety of innovative ways to aid people to make their own decisions, for example through role play.
- People had access to an independent advocate to discuss different choices they may have.
- People's capacity to make decisions was assessed by the service and referrals made for formal capacity assessments to be completed by the local authority when people may lack the capacity to make specific decisions.
- Staff had completed training in the MCA and knew the processes to follow if they noticed changes in a person's mental health which was affecting their capacity to make decisions.

# Is the service caring?

## Our findings

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

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

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

- People told us they enjoyed living at the service and liked the staff team. One person said, "The staff are good; they're very nice and helpful." We observed positive interactions and relationships between people and support staff throughout our inspection. Staff were patient, kind and friendly.
- Each person had their likes, dislikes and family history recorded in their care records. Staff knew people well and what support each person needed.
- People's diverse needs, including any cultural needs, were recorded and support provided to meet these needs. One person had felt able to discuss their sexuality with the staff team and had been supported to attend the Manchester pride festival.
- All staff had completed equality and diversity training.

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

- People were encouraged to express their views. Care plans detailed where staff needed to have daily discussions with people about their day and how they were feeling to reduce their anxieties.
- The service arranged for an independent advocate to visit the home at least every three months. This enabled people to raise any concerns they had about any area of their life, whether that was issues at Signhealth Bowfell Road or outside of the service.
- People were very involved in developing and agreeing their support plans. All the people living at the service had agreed a set of 'house rules' for the communal areas of the home.
- People had personalised their flats and had chosen their décor.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was always respected.
- People were encouraged to become more independent, both with in their flats and in the local community. Staff supported people to maintain their flats, encouraged them to participate in preparing their meals and supported them to have social activities away from the home. For example, one person now went to the local pub on their own.
- A relative told us, "They (the staff) encourage [name] to do more things, in his flat and going out."
- Staff could clearly describe how they maintained people's privacy and dignity when providing support and explained to people what they were doing and why.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were actively involved in producing their own personalised care plans. New picture format care plans had been developed since our last inspection so people could more easily understand them. Computer tablets were used to engage with people in creating their support plans.
- People now worked closely with staff to choose the pictures that they wanted to use in their picture care plans, so they meant more to them. For example, one person had chosen pictures from their favourite film.
- Some people had pictorial evacuation plans. A series of photos of them leaving the building via the quickest route from their flat.
- Staff were innovative in their support to involve people in decisions about their care. For example, staff had used role play to fully explain an issue with people, so they could make an informed decision and choice.
- Care plans were also in written format, which provided more detail and guidance for the staff in how to support people. Care plans were reviewed monthly. A cover sheet directed staff to any changes made so they could more easily keep up to date with any changes made to the care plans.
- Each person had a 'keyworker' who had regular discussions with people to gain feedback about what they had done and how they were feeling. A monthly key worker report provided an overview of all activities, appointments and any changes made to care plans or risk assessments. This ensured the whole staff team were kept up to date about people's needs and plans.

Meeting people's communication needs

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

- All members of staff communicated using British Sign Language (BSL). A relative said, "[Name's] use of sign language has come on a lot since moving to Signhealth."
- The service was excellent at using visual information to aid the people living at the service. For example, upcoming activities, healthy eating information, care plans and risk assessments were all presented in pictorial format.
- All door bells, fire alarms and telephones used visual lights to alert people and staff that they had been activated.
- People and staff were enabled to fully take part in all appointments. The service arranged independent BSL interpreters when people or the staff needed to communicate with other people, for example at

medical appointments.

- A minicom system (enabling communication by text over a telephone line) was available in case the staff needed to contact the emergency services. A video calling app was used if staff needed to contact the registered manager or team leader out of hours, so they could use BSL to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take positive risks when engaging in activities. One person liked going to the local pub in the evening. Staff had worked with them to understand the risks of returning home very late. A vibrating watch had been purchased to remind them of the time. Staff made a note of the clothes they were wearing when they went out in case they did not return as planned.
- People were supported to plan and arrange activities of their choice. One person liked aeroplanes and had a collection of model planes as well as going to the local airport to watch the planes.
- A range of activities were available for people to participate in. Some of these were in conjunction of other Signhealth services. Visual information was provided to ensure people were aware of what was available. One person used a visual timetable to choose what they wanted to do and to remind them of what was planned.
- The service had supported people to increase their social skills. They had made a referral to social services, so they could access the sister Signhealth Outreach service. This provided one to one support, twice a week with the aim of improving the person's independence by being more aware of social rules and acceptable behaviour when out. This had also reduced the person's agitation when at home.
- People had been supported to participate in activities with local community groups to try to increase their friendship and social groups.
- People were supported to maintain contact with their families. One person now video called their relative who could not visit them each week.

Improving care quality in response to complaints or concerns

- The service was open and transparent. People had access to an independent advocate if they wanted to make a complaint, either to Signhealth or another body, for example social services. The advocate told us, "We discuss the options available like who to complain to and what type of complaint they want to make. I then explain the procedure, for example the time it will take to get a response. I can support people to contact external agencies, for example their social worker, if required."
- Signhealth had a formal complaints policy. This was clearly displayed in a visual format on the communal notice board.
- Few complaints had been received by the service. All had been investigated and responded to appropriately.

End of life care and support

- No one was at the end of their life at the time of our inspection.
- The service had engaged an independent advocate, who already regularly visited the home and was known to people, to discuss people's end of life wishes with them. This would take place over a number of weeks, so people could think about what they wanted and were not rushed into decisions.
- The advocate used visual information as well as discussing different options, so people were able to understand the choices available and decide what they wanted.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear quality assurance process in place. Checks and audits were completed on a weekly and monthly basis. Any issues found were recorded and acted upon to further improve the service.
- The area director regularly visited the service and completed an in-depth audit of the service every three months. An improvement plan was in place to drive changes at the service.
- Staff understood their roles and were committed to supporting people to take part in the activities they wanted to. A task sheet had been introduced so all staff knew what was planned for each shift.
- The registered manager understood their regulatory role, for example when to report incidents that had occurred to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive outlook and provided positive role models for people living at the service with the staff team being deaf themselves.
- The service was extremely person centred; involving people in producing their own visual care plans and agreeing the 'house rules' for the communal areas of the home.
- People seemed relaxed and settled when in the staffs' company and told us they would speak with a member of staff if they were worried or anxious about anything.
- A relative was very positive about the staff team and the support provided. They told us, "It's a very good place; it's given [name] more independence and a better quality of life than before."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Staff were very positive about their role. They said the management team was very supportive. One member of staff said, "Oh yeah I love it here. It's a really good, well organised team here. We've got good communication and help each other out."
- Staff enjoyed being given the responsibility to complete additional training on a specific topic and then present this to their colleagues so the whole team benefited from their knowledge.
- People were supported to access their local community independently, for social activities, health care and shopping. British sign language interpreters were booked whenever required so people and staff could fully participate in the appointment.

- The provider encouraged people to provide feedback. People had regular meetings with an independent advocate who could support them with any queries or concerns about any area of their lives.
- The registered manager was open and transparent. They sought advice, for example from the CQC, if needed.

Continuous learning and improving care; Working in partnership with others

- All incidents and complaints were investigated. A member of the head office staff team would conduct the enquiry if required so the investigation was independent of the home.
- The service had good relationships with a range of organisations, including medical professionals, advocates and community groups.