

SignHealth

SignHealth Longley Road

Inspection report

SignHealth
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

SignHealth Longley Road is a residential care home based in Tooting, south west London. It provides support within an independent living environment for up to six deaf people with mental health needs. The service is situated over three floors and people have their own private areas with a kitchen, bathroom and lounge area in addition to a bedroom.

At the last inspection, the service was rated Good. At this inspection the service remained Good.

People's safety was at the heart of the service. People continued to remain safe as the service developed robust risk management plans that identified known risks and gave staff clear guidance about how to mitigate those risks. Risk management plans were reviewed regularly to reflect people's changing needs. Staff had sufficient knowledge of managing behaviours others may find challenging, in order to keep people safe.

The service had an embedded culture that protected them from the risk of harm and abuse. Staff continued to receive safeguarding training and were able to demonstrate significant understanding of what action they would take, should they suspect abuse had taken place. Staff were aware of the providers 'whistleblowing' policy.

Incidents and accidents were regularly reviewed to ensure lessons were learnt and the risk of repeat incidents were minimised.

The service ensured specialist equipment was used to keep people and staff safe. Specialist equipment was specific to the people using the service. Adaptions to the environment were undertaken and regularly reviewed to ensure they functioned as intended.

People continued to be supported by sufficient numbers of qualified and suitable staff to effectively and safely meet their individual needs. The service had exceeded the expectations of providing staff that could identify with people's communication needs and the impact their conditions had on them.

People's medicines were managed in line with good practice. Staff's knowledge of medicines management was robust and records confirmed people received their medicines as prescribed. People were encouraged to self-administer their own medicines with support from staff to encourage further independence.

Staff had sufficient understanding of the importance of following good practice in line with infection control management. Records indicated the service monitored and implemented systems in order to reduce the risk of infection.

The embedded culture of the service ensured people continued to be supported to have maximum choice and control of their lives and to be supported in the least restrictive way possible; the policies and systems

in the service supported this practice. Staff had a comprehensive understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received effective care and support from staff that had undergone regular training both mandatory and person specific. Staff could request additional training should they deem it necessary.

Staff continued to receive regular supervisions and annual appraisals to ensure they reflected on their working practices. Records of staff supervisions were personalised and gave staff clear guidance on how to enhance their skills and the delivery of care.

People were encouraged to maintain healthy lives and have access to sufficient food and drink that met their dietary needs and preferences. People continued to receive support and guidance on how to make healthy choices and had access to healthcare professionals to monitor their health and wellbeing.

The service had an embedded culture of supporting people in a person centred way that was tailored to their individual needs and preferences. People were supported to make decisions about the care they received. The service had robust systems in place that encouraged and empowered people's differences and treated people equally. Staff treated people with the upmost compassion, respect and maintained their privacy and dignity.

People and their relatives were encouraged to make decisions about the care they received and this was clearly documented. Care plans were regularly reviewed and were in pictorial format, ensuring people could understand and develop their contents.

People knew how to raise a concern or complaint. The service had a complaints procedure in place and the registered manager was aware of the importance of reaching positive outcomes from complaints received.

The service encouraged and empowered people to become valued members of their community and were encouraged to participate in activities that met their social needs.

The registered manager actively encouraged partnership working from other healthcare professionals in order to drive improvements. People's views were regularly sought and actions were taken to address any concerns that arose in a timely manner.

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 remains Good.

Is the service effective?

Outstanding ☆

The service remains Outstanding.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

SignHealth Longley 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 7 November 2017 and was unannounced.

The inspection was carried out by two inspectors and a registered Interpreter for British Sign Language/English.

Prior to the inspection we reviewed the information we held about the service. For example, information shared by members of the public and healthcare professionals and statutory notifications. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan the inspection.

During the inspection we spoke with three people using the service, three support workers, two interpreters and the registered manager. We reviewed the care plans for two people, three staff files, two medicines records, the complaints file, health and safety file and other records relating to the management of the service.

After the inspection we contacted three healthcare professionals involved with people who use the service and spoke with one person's relative to gather their views of the service.

Is the service safe?

Our findings

People confirmed they continued to feel safe living at the service. One person told us, "Yes I am safe."

People continued to be protected against the risk of harm and abuse. One staff member told us, "If I saw something a staff member shouldn't be doing I would tell them it was inappropriate. I would always report it [abuse] to the [registered] manager." Staff were supported to undertake training in safeguarding and were aware of the steps to take if they suspected abuse, who to report this to and how to escalate their concerns. Twice daily handovers ensured any potential concerns were shared with staff to ensure repeat incidents were minimised and where necessary changes were made to the delivery of care in a timely manner. Staff confirmed they felt comfortable raising any concerns with the registered manager.

The service maintained and developed risk management plans in order to protect people from identified risks. We reviewed the risk assessments and found these identified the risk, what the impact would be on the person and how staff could support them to minimise the risk. We also found risk management plans were regularly reviewed with people where appropriate. Risk management plans looked at all aspects of people's lives and included, for example, finances, eating, hygiene, medicines and the environment. Records relating to risk management plans were kept securely with only people with authorisation having access to them.

People received care and support from staff who learnt from incidents and accidents to minimise the risk of repeat incidents. Records confirmed all incidents were recorded and fully investigated, with the relevant healthcare professionals informed. We identified one record whereby following an incident control measures were updated and changes to the risk assessment were made. All staff had received specific behavioural management training to respond safely to people who were engaged in behaviours others may find challenging.

People continued to receive care and support from sufficient numbers of suitable staff to meet their needs. People told us they felt there were enough staff on duty at any one time to support them and keep them safe. We asked staff if they thought there were enough staff on duty to support people safely day to day. One staff member told us, "Yes, most of the staff have been here years. We have one bank person we can call on but we don't use agency staff". We reviewed the staff rotas and found the numbers of staff on duty reflected what staff told us. The registered manager explained staffing levels were flexible in order to meet people's changing needs.

Records confirmed the provider had undertaken robust employment checks to ensure the suitability of staff employed. Staff records contained two references, work history, an application form and a Disclosure and Barring Services (DBS) check. A DBS is a criminal check employers undertake to make safer recruitment decisions.

People were protected against the risk of unsafe medicines management. We noted the service had recently been audited by the prescribing pharmacy, which stated, 'Home is administering medicines in an appropriate manner.' The service demonstrated good practice in medicines management. Staff received on-

going medicines training and confirmed they felt competent in medicines administration. People were supported to self-administer medicines where appropriate. We reviewed the medicines charts and found all stocks and balances were in order, medicines were stored correctly and medicine administration records (MARs) were completed correctly with no errors or omissions.

People continued to be protected against infection as the service had systems and processes in place to manage those risks. The service undertook regular cleaning of the building and people had cleaning schedules in their rooms and were supported to ensure these were completed as agreed. Staff told us they had received training in infection control and records confirmed this. The environment was clean and odour free.

Is the service effective?

Our findings

At our last inspection we rated the service as 'Good' with an 'Outstanding' rating in effective. At this inspection we found the provider had continued to employ people who were fluent in British Sign Language (BSL) and had the skills and life experience to effectively meet people's needs. This meant that people were supported by staff who were able to relate to the challenges they faced in relation to communication; and therefore delivered compassionate, person centred and empowering care.

People continued to be empowered to make positive choices to maintain a healthy lifestyle. Staff supported people to gain the tools to make decisions about their dietary requirements, encouraging them to gain clearer awareness of dietary choices and understand the impacts of those decisions. For example, people whose diet had a direct impact on their behaviours were encouraged to understand and where possible avoid foods that triggered negative behaviours. This was done in the form of a folder in pictorial format that detailed foods that would have a negative impact on them both behaviourally and in relation to their health and wellbeing. The folder highlighted the shops that contained these products, what they looked like and a healthy alternative. This meant that people were able to take ownership of their wellbeing and further encouraged their independence.

One person told us they enjoyed cooking in their flat and showed us a folder that contained guidance on how to cook their preferred meals. Staff were on hand to support people to prepare food that met their dietary needs, requirements and reflected their cultural needs. People who had complex dietary requirements were catered for. Meal times were flexible and people were able to choose where and when they wanted to eat.

People's needs were met by the design of the accommodation and adaptations made to the service. The service had implemented an electronic system that enabled people to remain as independent as possible, whilst keeping themselves and other members of the service safe. For example, when staff members rang people's flat door bells a light would flash in their room, ensuring they were aware someone wished to speak with them. When a visitor rang the doorbell to people's flats from outside the building, this also alerted staff, through a vibrating pager kept on them at all times. It also electronically identified which person had a visitor, so that they were aware of who was in the building at any one time. This meant that people's independence to maintain relationships that mattered to them and have visitors to their home was encouraged, welcomed and monitored.

The service had an embedded culture of coordinating and planning people's care collaboratively with other healthcare professionals to ensure people received the best possible care. People who had specific healthcare needs, were supported to access specialists in that field to ensure they received the best care possible. For example, clinical psychologists, physicians, mental health nurses and excellent links to professionals within the LGBT (Lesbian Gay Bisexual and Transgender) community. This meant that the care people received was tailored to their individual needs and ensured continuity of care from familiar healthcare professionals.

Upon commencement of their role, staff members were supported to complete a comprehensive induction

programme that covered, job role, information about the visions and values of the organisation, duty of care, principles of safeguarding, health and safety and equality and diversity. Each staff member was supported to complete a competency assessment in all areas, which was subsequently signed off by senior staff when they were deemed as competent. Staff skill sets were matched to the needs of people, for example, the service ensured staff that enjoyed similar activities as people were employed, thus enabling people to continue to participate in preferred activities.

People continued to be supported by staff members that had access to comprehensive training to further their knowledge and enhance their skills. Training was delivered and tailored to the individual needs of staff. Staff spoke positively about the training they received and confirmed that they received frequent training, which they put into practice. Records confirmed what staff told us, we identified staff training included, safeguarding, MCA, DoLS, infection control, management of behaviours that challenge, management of schizophrenia and food safety. This meant that people received support from staff who delivered care following up-to-date practices.

The service had received an 'Investors in People' award in 2016. The Investors in People scheme is a nationally recognised framework that employers work towards to demonstrate, 'what it takes to lead, support and manage people well for sustainable results.' We reviewed the Investors in People assessment report which stated, 'SignHealth continues to meet the Investors in People Standard'.

The service had an embedded culture that encouraged and empowered staff to reflect on their working practices through regular team meetings, supervisions and annual appraisals. Support received by staff was proactive. Staff informed us they reviewed their work performance to identify areas of improvement and areas that had worked well. One staff member told us, "We get supervisions monthly, more or less. It's about me and how I'm managing. If there's anything at all I want to bring up I know I can." Another staff member said, "It's a very relaxed thing. We can talk about anything that concerns us." Supervision records were up to date and contained the areas discussed, actions to take, whose responsibility this was and the time scale given for achieving these. At the time of the inspection one staff member was receiving their annual appraisal. This meant that people received support from staff who learned from mistakes, sought guidance to increase their knowledge and skills and strove for improvement.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider's policy supported this practice.

We asked staff about consent and their understanding of the Mental Capacity Act 2005 (MCA). Staff had an excellent understanding of the MCA and DoLS and confirmed they had received recent training in both areas. Records confirmed the registered manager had followed legislation in assessing people's capacity and had submitted DoLS authorisation requests to the relevant local authorities, when required to support people to stay safe. At the time of the inspection no one using the service was subject to a DoLS authorisation.

Is the service caring?

Our findings

The service delivered a programme of care that focused heavily on person centred care. People received exceptionally compassionate care from staff that had the skills and experiences to ensure people's needs were met in a person centred way. Staff demonstrated throughout the inspection empathy, compassion and care towards people they supported.

People continued to be treated with kindness and respect. A relative told us, "I think they're a brilliant service. They are very caring, I've had no concerns. They really do look after his wellbeing and I cannot fault them. They do a brilliant job it's a shame they don't have more homes." Throughout the inspection we observed staff interacting with people in a meaningful way. Although it was not always possible to understand the content of conversations between people and staff members, through facial expressions it was clear that people enjoyed the company of staff. We also observed people actively sought staff's company, guidance and support and felt comfortable in doing so.

The service had an embedded culture that focused heavily on people's equality and diversity and human rights. Staff were aware of the importance of embracing people's differences whether it be in relation to their culture, ethnicity, disabilities or sexual orientation. The service also had a clear understanding and support system in place for people of the LGBT (Lesbian Gay Bisexual and Transgender) community. Staff received on-going training in equality and diversity. Records confirmed where people required additional support with diverse matters staff sought guidance and support from external professionals. This was then implemented into the care and support people received. For example, people were supported to celebrate cultural festivals, wear traditional clothing and shop in culturally specific shops. This helped enable people to feel more at ease expressing themselves and their individuality.

The service continued to focus on recruiting staff who were fluent in BSL to ensure effective communication at all times. In doing so, this enabled people to receive care and support from staff that had a clear understanding in both the practical and cultural barriers to communication and aided meaningful relationships. Staff facilitated communication with people on a number of different levels, for example, via joking and discussing key issues. Throughout our observations we identified staff ensured they were consistently available to communicate with people; and took time to understand people. We also noted almost all staff were profoundly deaf; two staff had some hearing but all were proficient in British Sign Language (BSL). This was a policy of the provider in order to overcome both practical and cultural barriers. By employing staff that were profoundly deaf and fluent in BSL it meant they had an understanding of the restrictions people faced in being hearing impaired. This enabled staff to have further empathy of people's needs and empowered people to secure meaningful relations. In addition, the provider employed independent interpreters on a freelance basis; there were two such staff present on the day of our visit. They were used mainly to support staff in their dealings with visitors, relatives, external agencies or anyone with limited or no command of BSL.

People continued to be supported and encouraged to express their views and have their decisions about the care they received respected and implemented. People confirmed they were involved in the day-to-day

discussions and plans. They also confirmed they were able to do what they wanted and where staff support was needed, this was then provided. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and meant that the support given was of a consistently high standard. Care plans detailed people's preferences, likes and dislikes and how they should be asked to make decisions. One staff member we spoke with told us, that when someone did not want to do something, that this was always respected. Where possible, people were allocated an external advocate who supported them to share their views.

People were allocated a keyworker who met with them once a month to discuss anything they wished. Although these meetings were monthly, people could speak with their keyworker or other staff at any time and were encouraged to do so. A keyworker is a named staff member that advocates on the person's behalf. Keyworker meetings enabled people to express their views, concerns or wishes and this was then shared with the staff team and care plans updated to incorporate their views. People were also supported to access external advocacy services to ensure their views were listened to and voiced.

People's right to privacy and dignity was encouraged and respected. We noted the provider supplied people with a hand-out describing 'House rules' to new tenants. It was clear from this document that the provider's focus was on people's rights to self-determination and privacy. For example, it was a matter of policy that staff would never enter people's accommodation without permission, except in an emergency. Throughout the inspection we observed staff seeking authorisation to enter people's flats, by ringing the doorbell to people's flats, that then triggered a light flashing, to notify people their door bell had rung. Where authorisation was not given, staff respected their decision. This meant that people were encouraged to maintain their independence in relation to their right to privacy and dignity.

Staff continued to encourage people to remain independent with all aspects of their daily living skills. For example, each person was assessed to ascertain if they could access the community without direct support from staff, encouraged to understand the hazards of independent cooking and had schedules in place to remind them of the steps to take to undertake daily living skills. During the inspection we observed staff giving praise for work well done, which in turn meant people's self-esteem and well-being was boosted and encouraged.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and relatives confirmed care plans were reviewed regularly with their input and concerns raised were acted on in a timely manner.

Care plans were person centred and in pictorial format, enabling people to understand, review and develop the care they received. We reviewed the care plans and found these covered all aspects of people's lives, for example, health, wellbeing, mental health, medical and social needs. Staff were encouraged to regularly review the care plans to reflect people's changing needs, and the changes were then shared with staff to ensure they delivered up-to-date care and support. People were also encouraged to record their daily activities within the care plan, to support their independence. Care plans also took into account people's goals and aspirations, detailing how these could be achieved and what plans were in place to make these possible.

People confirmed they were able to make choices about the care and support they received and had their choices respected. A relative told us, "Oh yes [my relative] does get choices and their wishes are adhered to." During the inspection we observed staff members supporting people to make choices and giving them options, for example what to do for the day and whether they wished to receive support. Staff were patient with people, enabling them time to process the options and respond at their own pace.

People continued to participate in a wide range of activities and meaningful occupations that met their preferences and social needs. Two of the three people we spoke with attended college during the week; a third was going swimming locally after our discussion. There were also a wide range of cultural, educational and leisure activities organised, which were agreed upon both one to one and in tenants' meetings. The people we spoke with were very happy about the provision of activities on offer. The provider also employed an activity co-ordinator.

The service had taken steps to ensure people's communication and information needs were met in relation to the accessible information standard. The service provides care and support to people who are deaf and communicate using British Sign Language (BSL) and the provider's policy is to employ staff that were hearing impaired and fluent in BSL. During the inspection the registered manager showed us systems in place to support people and staff to communicate effectively. For example, text services which enabled staff to communicate with others through text messages, if unable to use the telephone.

People and their relatives told us they would know who to approach should they have a complaint. We also noted each person received a pictorial guide to making a complaint, including the contact details of relevant external agencies. The staff we spoke with were clear about their responsibilities in the management of complaints. We noted the provider's complaints policy and procedures were displayed in communal areas. We reviewed the complaint file and found the service had not received any complaints in the last 12 months.

People were supported and encouraged to share and document their preferences for end of life care. Where

people agreed, staff supported them to develop an end of life book. The book was in pictorial format and included guidance for staff in understanding the type of care people wanted when end of life care was required. End of life books included people's faith, whether they wished to make a will, people that are important to them, where they would choose to die, where items of importance should go, what type of funeral service they would like and where they would like to be buried. Records confirmed people were involved in the process and their views were clearly documented and reviewed for future reference.

Is the service well-led?

Our findings

People, their relatives and staff spoke positively about the management of the service. One staff member told us, "I think so yes. Most of us [staff members] have been here for years. We wouldn't stay if it wasn't providing good support and leadership." Another staff member said, "The [registered] manager is new but he's worked here a long time. I think it's doing really well, the service. It's the best team in the nine years I've worked here."

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.

The registered manager and staff were able to clearly demonstrate the provider's values and vision. Staff confirmed they were always seeking to improve the quality of care provided. Care was delivered in a person centred way, ensuring people were at the forefront.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People and staff were observed seeking guidance and reassurance from the registered manager throughout the inspection. The atmosphere was relaxed and calm, with people and staff laughing and engaging in positive discussions. People continued to be treated equally and had their differences embraced.

Staff had a clear understanding of their roles and responsibilities and carried these out effectively and in line with the provider's governance guidance. Regular audits were undertaken to ensure the service was monitored and action taken to address any issues identified. Records confirmed audits were completed of care plans, medicines, health and safety and infection controlled.

The service continued to actively seek people's views through regular keyworker meetings and quality assurance questionnaires. Tenants' Survey Report from the latest questionnaires, compiled in June 2017, showed six people had completed them. We noted in five of the six cases, there was a high degree of satisfaction in all areas, particularly staff attitudes and quality of support. There was also a separate document entitled, 'Manager's Actions from tenants' survey'. This contained an analysis of each person's comments and actions undertaken to address them. For example, we noted one person, whilst happy with the support offered, was not satisfied with their accommodation. We noted staff took this complaint seriously, to the point where the person was supported to find alternative accommodation and supported to move and get settled in.

People continued to receive care and support from a service that sought partnership working. Records showed healthcare professional involvement was encouraged and guidance and advice given was documented and implemented into the delivery of care. For example, partnership working included

involvement from the GP, Community Psychiatric Nurse (CPN), psychiatrists and the community police.