

SignHealth

SignHealth Polestar

Inspection report

Fairlie House
Trident Close, Erdington
Birmingham
West Midlands
B23 5TD

Date of inspection visit:
09 January 2019

Date of publication:
05 February 2019

Tel: 01213500592

Website: www.signhealth.org.uk

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

About the service:

SignHealth Polestar has six self-contained flats and communal areas for people. Support and/or personal care is provided to people within the person's flat. People who use the service may need support or care due to sensory impairments, mental ill-health needs or learning disability.

People's experience of using the service:

- People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.
- Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.
- Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.
- People were treated with kindness and compassion. People's rights to privacy were respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.
- People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.
- People using the service were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people on the quality of the service was gathered and used to support service development.

Rating at last inspection:

At our last inspection in February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated as Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our inspection programme. If any concerning information is received 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 remains good

Details are in our Safe findings below

Good ●

Is the service effective?

The service remains good

Details are in our Effective findings below

Good ●

Is the service caring?

The service remains good

Details are in our Caring findings below

Good ●

Is the service responsive?

The service remains good

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service remains good

Details are in our Well-Led findings below

Good ●

SignHealth Polestar

Detailed findings

Background to this inspection

The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The Inspection team: The inspection team comprised of one inspector and British Sign Language [BSL] interpreter.

Service and service type: SignHealth Polestar is a care home for people with sensory impairment, learning disabilities and autistic spectrum disorders.

The service had a registered manager. 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.

Inspection site visit activity started on 9 January 2019 and ended on the same day.

What we did.

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. In addition, we contacted the Health Watch Birmingham who provide information on care services.

During our visit we discussed the care provided with people who use the service, members of care staff and the registered manager. We also reviewed care records, policies and procedures.

We looked at the care records of two people and two staff files, as well as the medicine management

processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "I can talk to [staff member's name] my key worker if I need to".
- We saw the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff told us they had received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The provider had a recruitment policy in place. We reviewed the recruitment process and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- The manager told us that people's risk assessments were reviewed every two weeks to six months, depending on the level of identified risk. In addition, informal observations were carried out daily and any changes are added to people's care plans.

Staffing levels

- A person we spoke with told us, "There's enough [staff] here to make sure we're [people] OK".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.

Using medicines safely

- People received their medicines safely and as prescribed. A person we spoke with told us staff stored his medicines for him and supported while he took them. A member of staff we spoke with said, "People do their own [medicines], but we observe and record".
- Staff had received training on how to manage and administer medicines.
- People's care plans included easy read information about the medicines they were taking and diagrams

indicating which part of the body they affected.

- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff we spoke with told us, "We have cleaning rotas and we ensure that residents [people] clean their rooms. We have colour coded equipment, for example; mops and buckets".

- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.

- "We saw the location was clean and tidy".

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.

- The registered manager explained all accidents, incidents or 'near misses' were analysed.

- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. We saw the provider had training plans in place which were reviewed and updated on a regular basis. Staff we spoke with told us the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who use the service. A staff member we spoke with said, "We talk to [registered manager's name] if we need extra [training] but we get everything we need really, we're well supported".
- Staff told us they had regular supervision meetings with the manager to support their development. The manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- We saw that the registered manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

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

- We saw the provider had processes in place which involved people in how they received personalised care and support. A person we spoke with told us, "We [person and staff] talk a lot about what I need, they're really helpful".
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they were involved in the assessment process.
- Staff could explain people's needs and how they supported them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- All the people living at Polestar had capacity to make informed decisions about their care and support needs.

- Staff explained, and we observed, how they gained consent from people when supporting their care needs.
- Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with said, "Staff help me with cooking and cleaning, but I do a lot of cooking myself".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.

Staff providing consistent, effective, timely care

- The provider supported people with their health care needs. A person told us staff accompanied them to all of their medical and healthcare appointments.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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

- People's individual needs were met by the adaptation and design of the premises. People had their own apartments within the location and they were decorated to people's individual tastes, reflecting their personalities and interests. A person we spoke with told us, "They [provider] asked me if I wanted it [apartment] redecorating when I moved in, but it's fine. I might change some of the furniture at some point".
- The location is designed to meet the needs of deaf people, which includes lights to indicate when there is a fire and to notify when someone is at the main location door, or their individual apartment.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff treated them with kindness and compassion. One person told us, "The staff are lovely, they're really nice".
- People were encouraged to express their views on how they preferred to receive their care and support.
- We saw caring interactions between people and staff throughout our visit.

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

- The provider supported people to express their views so they were involved in making decisions on how their care was delivered. There were regular meetings with people using the service and personalised care plans with people's input documented.
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A member of staff gave an example of how they entered a person's room to make sure they were awake to attend an appointment. The staff member said, "We [staff] ring their door bell three times in the morning, if they don't respond, we open the [apartment] door and flash the lights. We vacate the flat if they want to get changed".
- There were no restrictions on visiting times and family members were free to visit at any time.
- People were encouraged to be as independent as practicable. Throughout our inspection we saw people preparing their own snacks and drinks and carrying out domestic chores.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care that was responsive to their needs. A person told us, "I enjoy [sporting activity], staff are arranging it for me when the weather improves".
- The provider responded to people's individual needs as and when required. A person we spoke with told us how the provider was working with them and staff were being trained to support them with a specific issue related to their health and well-being.
- We observed a fire drill during our inspection. Each person had an 'app' on their mobile phone, adapted especially for deaf people, so they could trigger the emergency services in the event of a fire. The provider had also arranged for people to go to a nearby care home if they required support in such an event. There was also a secure safety box in the main hallway, which contained important details about people, which could be accessed in the event general files were destroyed by fire.
- Staff told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives. Care plans were designed in line with the Accessible Information Standards.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service. ● A person we spoke with said, "If I have any concerns I go to the [registered] manager and things get sorted out".

End of life care and support

- There were no people living at the location that required this level of support.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff were involved in making decisions about how the service was run. A person we spoke with told us, "We had a residents meeting yesterday and they [staff] asked us if we were happy". The person went on to tell us about an issue they had raised about a problem with the main door bell and said the provider was now in the process of repairing it.
- Copies of meetings with people and staff showed people were consulted on how the service ran.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company. A member of staff said, "It's nice here, all the staff are deaf and we all support each other".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A member of staff we spoke with told us that the manager was supportive and responded to their personal or professional requests.
- Staff felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in the main entrance to the home.

Engaging and involving people using the service, the public and staff

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings, questionnaires and informal discussion and used to develop service provision.
- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The manager had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided at the home, ensuring people's physical and health needs were promptly met.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- We saw the provider used feedback from people and staff to develop the service.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attend meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.