Care Quality Commission

SignHealth

SignHealth Claridge Road

Inspection report

SignHealth
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an announced inspection, which took place on 10 and 17 October 2016. The service was previously inspected in March 2014 when it was found to be meeting all the regulations we reviewed at that time.

SignHealth Claridge Road provides supported living accommodation for deaf people with complex additional mental health needs. The service comprises of six self-contained flats with 24 hour staff support. There were five people using the service at the time of our visit.

There was a registered manager in place at the time of the inspection. 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 was present during our inspection.

People we spoke with told us they felt safe at the service and staff knew what action to take should they witness or suspect abuse or poor practice. Staff had a good understanding of how to keep people safe and protect their rights.

The provider carried out the required recruitment checks to ensure that staff were safe to work with vulnerable people. There were sufficient staff on duty with the right knowledge, skills and experience to meet people's needs.

People were supported and encouraged to live as independently as possible, for example, budgeting, shopping, cooking and keeping their flats clean and tidy. Staff encouraged people to maintain a healthy diet.

The staff team were able to communicate effectively with people who used the service. The staff team comprised of both deaf and hearing staff. All staff were able to sign to British Sign Language (BSL) Level 2 as a minimum.

Staff were aware of advances in new technology that could help people who are deaf, for example, using an interpreter via a 'face time' facility on a smart phone or skype.

Staff received the training they needed to support people safely and effectively, which was adapted as necessary to meet staff needs. Staff received supervision and staff meetings were held, where staff were encouraged to bring forward their views, with an interpreter and minute taker present if required. Staff spoke positively about working for the service.

People were supported to access specialist health and social care services when required and had access to other health information via the organisation's website in BSL format. There were procedures in place to

ensure people received the appropriate support they needed to manage their medicines.

People spoke positively about the staff and interactions were seen to be warm and friendly. The atmosphere at the service was calm and relaxed. There was a commitment by staff to empower people to make their own decisions and choices and to know and understand their rights.

Staff supported people to develop and maintain their social contacts and interests; this helped to promote people's well-being and reduce the sense of social isolation linked with living with deafness.

People met regularly with an advocate, who was also deaf, to share with them their views and opinions about the service and any concerns they might have.

Risk assessments and care plans were, person centred, written in plain English and had pictures to help people understand them. Information such as notices and questionnaires were written in an accessible format and used pictures to help people better understand their content. for people Records contained relevant information; all records, were stored securely and were easily accessible to staff.

A number of quality monitoring and assurance processes were in place to help ensure people were receiving a good quality of support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service told us they felt safe and staff had received the training they needed to recognise and respond signs of abuse.

Recruitment procedures were in place to help ensure people were protected from the risk of unsuitable staff. There were sufficient staff available with the right skills and experience to support people.

Individual risk assessments were in place to help ensure people received safe and appropriate care. Appropriate systems were in place for the safe handling of medicines.

Is the service effective?

Good

The service was very effective.

People who used the service received the support they required to be able to access the health services they needed, which included specialist services.

The staff team comprised of both deaf and hearing staff. All staff were able to sign to British Sign Language (BSL) Level 2 as a minimum. Staff received the training they needed to support people effectively and this was being adapted to BSL where necessary.

Systems were in place to ensure staff received regular support and supervision, with additional support from an interpreter and a minute taker as required.

We saw that pictures and plain English was used to help support people's communication needs and orientate them to where people were in the building. We saw staff were aware of advances in new technology and would use this as appropriate.

There was a commitment to empowering people to make their own decisions and choices whenever possible.

Is the service caring?

Good

The service was caring.

We observed staff to be respectful and friendly in their approach to people. The atmosphere was calm and relaxed.

People had access to an advocate who was deaf. The advocate visited the service regularly to

People's personal information was securely held to maintain their right to privacy.

Is the service responsive?

Good

The service was responsive.

Risk assessments and care plans were, person centred, written in plain English and had pictures available to help people understand them.

People's independence was promoted. Staff supported people to develop and maintain their social contacts and interests; this helped to promote people's well-being and reduce the sense of social isolation.

Systems were in place to respond to any concerns or complaints people wished to make.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality
Commission. The registered manager was supported by a team leader, a co-ordinator and support workers. Staff spoke positively about working for the service.

Systems were in place to assess and monitor the quality of the service provided.

SignHealth Claridge 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 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.

This inspection took place on 10 and 17 October 2016 and was announced. In line with our current methodology we gave the provider 48 hours' notice that we were undertaking this comprehensive inspection; this was to ensure that the registered manager and staff were available to answer our questions during the inspection. One adult social care inspector supported by a British Sign Language (BSL) interpreter carried out the inspection.

Prior to the inspection, we looked at the information we held about the service and provider, including any notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the inspection, we visited the registered office and spoke with the registered manager, the team leader, the co-ordinator, a support worker and the administrator. With their permission, we spoke with two people who used the service in the communal area of the property.

During the inspection, we reviewed the care records for two people who used the service. In addition we looked at a range of records relating to how the service was managed; these included staff recruitment and training records, quality assurance processes and policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they had no concerns about the safety of the support provided by the staff. The staff said that they felt safe and comfortable to work alone at the service. One staff member said, "Yes, very comfortable here." Another said, "The clients are lovely. Its very comfortable and I am sure the clients feel comfortable."

Staff were able to tell us what action they would take if abuse was suspected or witnessed. They told us they would also be confident to use the whistleblowing (reporting poor practice) policy in place in the service. Staff told us they were confident that any concerns they had would be taken seriously. A staff member said, "The team leader would definitely not let anything go." Records we reviewed showed that staff had completed training in safeguarding adults.

We looked at two staff personnel files and saw that the required recruitment checks had been carried out which included the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw that there were individual risk assessments in place. Risk assessments were recorded in an accessible format and were person centred. This helped ensure people were able to understand what they were for and how they helped to keep individuals safe.

We saw that there were sufficient numbers of staff available to meet the needs of the people who used the service. The registered manager told us that the service needed to provide flexible support; for example, additional staff might be needed to support people to attend appointments or activities in the community. We looked at the staff duty rotas, which confirmed this.

A member of the staff team slept in during the night to support people in case of an emergency. There was an on-call rota in place should the sleep in staff member require additional support. Information was available about who to contact in an emergency and text messaging was used by staff in these circumstances if needed. We saw that specialist equipment was in place such as lights to show that someone was at the front door or if there was a fire and also vibrating alarms that were put under people's pillows to wake them in the event of an emergency if they were asleep.

People who used the service were tenants of a housing association. The housing association were responsible for the upkeep and maintenance of building and flats. The registered manager told us that they had a good relationship with the housing association and any repairs required were addressed quickly.

People we spoke with told us that they were responsible for keeping their flats clean and tidy and did their own laundry. We saw that the shared areas of the property were clean and tidy. No-one needed support with intimate personal care. Liquid hand wash and paper towels were seen in the communal toilet to help reduce

the risk of cross infection.

We saw that people who used the service took part responsibility for their own medication with some support from staff. People were assessed to help ensure they could take the medicines safely. People collected their medicines from the local pharmacy. We were told that people had a lockable storage box or cabinet in their flats the keys for which were kept in the office. People came to the office to collect their key when it was time to take their medicines so that staff could be sure people had taken them.

Good

Is the service effective?

Our findings

The registered manager told us that they were responsible for carrying out the assessment on behalf of the provider before an agreement was reached for a person to move into one of the flats. he organisation's psychological therapies project manager supported the registered manager if necessary. The assessment involved seeking information from a wide range of health and social care professionals who knew people's background and history. Consideration was given to any presenting risk, compatibility with other people who used the service, staffing levels, motivation, any physical care needs and agreement for funding the placement before a placement was offered.

People told us that they liked being at the service and it was an improvement on their previous placement. A person told us that they had been introduced to the service gradually from their previous placement. They told us "I liked it. It felt good. It's friendly, no arguing, calm and peaceful."

We saw that the provider had won the disability category in the Charity Awards for its BSL healthy minds project as the only national psychological therapy service whose specialist workforce are all deaf or deaf culturally-aware and fluent in BSL. The provider was in the process of developing a real time online psychological therapy service, which would improve accessibility for people who used the service.

We saw that on the provider's website there was accessible information in the form of BSL videos that people could watch about health related matters. Topics included general and mental health. Staff were aware of advances in new technology that could help people who are deaf, for example, using an interpreter via a 'face time' facility on a smart phone or Skype.

People also had local access to a range of specialist facilities and health and social care professionals such as a psychiatrist who was also deaf, if needed, and a community psychiatric nurse. Staff told us that BSL interpreters would usually accompany people who used the service to appointments with health professionals. There was clear guidance to staff about how to support them to go to the doctors, for example, booking a BSL interpreter to attend.

We noted that care records included a detailed health action plan. This document included important information about each person's support needs and medical conditions and was given to health care professionals at appointments and transferred with them should the person move to a different service. There was a grab file in place if the person needed to go to hospital; this should help to ensure healthcare staff had the information they needed to care for and support the person in the way they preferred.

The staff team comprised of both deaf and hearing staff. All of the staff at SignHealth were able to sign to British Sign Language (BSL) Level 2 as a minimum. Understanding people's cultural background, means of communication and the behaviours was key to ensuring the success of the placement.

A staff member said, "There is a very high level of communication here. In-depth with expression and gesture." Staff said that they repeated and checked back constantly to ensure they had understood the

person correctly. A staff member said, "We have to avoid misunderstandings, diffuse situations, find calm and wait for the right moment."

Staff worked hard as a team to ensure clear communication and continuity of support to help reduce any misunderstandings that could cause unnecessary confusion and distress that may have a negative impact on people's presenting behaviours. The service used short logical statements in sign supported by pictures if necessary. We were given an example where a person's daily living skills were broken down into small tasks. The registered manager said the service had a solution-focussed approach to promoting independence depending on people's individual needs and continuous observation was essential.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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. We were told that all the people who used the service had the capacity to make decisions for themselves dependent on risk.

Staff told us they would always ensure that they were providing care in the least restrictive way agreed through the assessment process. A staff member told us, "I am not controlling people my job is to empower them. They have a right to know what their rights are." We saw there was an easy read version of 'Your Human Rights' on the communal noticeboard.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to DoLS and no applications had been through the court of protection processes.

Staff received a comprehensive induction when they started work at the service. Staff also told us they received regular supervision with an interpreter and a minute taker present, as appropriate. Records we saw showed that very detailed supervision took place which gave staff the opportunity to reflect on situations that had occurred and their practice.

We saw a copy of the 2016 Staff Training Pamphlet, which showed in picture format the training available to staff which included, safeguarding and deprivation of liberty, manual handling, breakaway techniques, equality and diversity, infection control, medication and fire safety. We saw that the registered manager and team leader had attended a 'Skills for Care' training event about the Care Certificate on 11 October 2016. Plans were in place to work with a training provider to make reasonable adjustments to the Care Certificate to make it more accessible to deaf staff.

We saw that staff had received additional training and had attended a BSL stress workshop and a self-awareness course; both were said to have been very well received and made staff consider how their own behaviours might impact on people who used the service.

Staff we spoke with told us they enjoyed working for the service. They said, "I have never looked back. I have learnt a lot. I have always had a good heart but it has helped me be a better person" and "I have learnt a lot from [registered manager] and the team.

Staff we spoke with told us they tried to ensure people they supported had a nutritious and balanced diet by promoting healthy choices for people on limited budgets. Consideration was also given to how food might

affect people's mood so 'good mood food' was promoted. We saw on the service's communal noticeboard that there was information about healthy menus and the price it would cost to make from local supermarkets in a visual format. People were encouraged to cook healthily for example by using a slow cooker. People told us they mainly cooked meals for themselves but they did eat together occasionally.

Good

Is the service caring?

Our findings

We received complimentary feedback about the staff. There was a stable staff team in place. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them. People had a staff member who knew them well assigned to them as their key worker. People said of staff, "Yes they are kind and they help me" and "Staff nice here, I can ask them anything."

People lived in self-contained flats with their own small kitchenette and bathroom. This arrangement promoted independence and privacy whilst having staff support in place if needed. People confirmed that they got on well and were able to meet together in the shared lounge if they wanted to reduce the sense of isolation, for example, watching a football match on the television. We saw that people had access to a lodge in the grounds where they could also meet people privately away from the main building.

The service recognised and understood that people were at risk of social isolation and loneliness and this may negatively impact on the person's wellbeing. To help promote people's well-being they were put in touch with the local Deaf Clubs so they could meet with other deaf people. A staff member said, "It is great to see improvement, people are more independent, very happy and grateful. We try to be good role models" and "People improve leaps and bounds here."

The service was aware that, because of the communication needs of people and the need to maintain short logical statements for clarity, that language could be viewed as direct and to the point and could be perceived as derogatory by others. Care was taken by the service to ensure that signs supported by words used were always of a positive nature.

During the inspection, we observed interactions between staff and people who used the service in the shared areas of the service. We saw that staff were respectful and friendly in their approach and had a good rapport with people. All the staff we spoke with demonstrated respect for the fact that they were supporting people in their own homes. Staff we spoke with demonstrated a commitment to providing high quality care and to promoting people's independence as much as possible.

We saw that an external advocate who was deaf met with people who used the service as a group privately to talk about their views about the service on a quarterly basis. During this meeting people completed a pictorial satisfaction survey that included topics such as people's flats, staff support, complaints and people's personal experience around daily living, support plans, feeling safe and bullying, confidence and trust.

We saw care records were stored securely in the office to keep information about people safe and maintain their right to confidentiality.

Good

Is the service responsive?

Our findings

The care records we reviewed showed that a comprehensive assessment of people's needs was completed before they started to use the service; this helped to ensure that the staff team had the appropriate skills and experience in place to provide the support each individual required.

We reviewed two people's care records. Risk assessments and care plans were, person centred, written in plain English and had pictures to help people understand them. The administrator told us that individual pictures and logos were used to develop people's plans, for example, pictures of the money people were receiving and a logo for the bank people were going to, otherwise people may go to the wrong place. People also had activity plans that they followed.

Staff checked that all the identified tasks on the care plan and planned activities had been carried out and if not, why not. There was an active memos file, which staff used daily to keep up to date with any changes within the service as well as a staff handover. Systems were in place to show people where staff were within the building.

People were supported to maintain contact with their families and friends, where appropriate. People were supported to maintain their religious beliefs. Staff told us they would always encourage people to integrate with others, though respected that some people chose not to.

People we spoke with told us, "We go shopping together and out to a restaurant." We saw on the communal noticeboard that there was information about forthcoming events, such as a trip to Blackpool Illuminations and the Olympic Parade in Manchester. Activities for people to participate in such as the local BSL tours, which had an interpreter present were also displayed.

Activities were monitored by the registered manager and detailed in the monthly report. The monthly report for September 2016 recorded that people had been to deaf bingo, the cinema, had a trip out to Southport, had participated in a fitness and exercise group and undertaken voluntary work at a garden centre.

Staff were clear about their role in promoting people's independence wherever possible, in accordance with their individual support needs. People told us that staff had helped them get used to using public transport, for example, the Metrolink and buses so they could get to where they wanted to go independently. People had communication cards, including how to access an interpreter, which helped to reduce communication difficulties and reduce the risk of embarrassment.

People we spoke with told us that if they had any worries or concerns they could speak with staff. The complaints procedure was seen to be displayed in picture format and structured in BSL called, 'Not Happy? Fed Up? Complaint Have?' and advised people to talk to staff, the registered manager or the advocate. We also saw on the provider's website there was a short video on how to make a complaint in BSL. We saw there was a system in place for logging and responding to any complaints received by the service. There had been no complaints for some time.

Good

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. The registered manager had worked at the service for many years and was very knowledgeable about the people living at the service. The registered manager was supported by a team leader, a co-ordinator and support workers.

We saw that the new chief executive officer (CEO) of the service on their first day in post and as part of plans to hold listening and learning events had visited people who used the service and attended a staff meeting. This was said by managers to have been a very positive meeting and the CEO had encouraged staff to contact them if they needed to by their preferred method of communication.

We also saw that the provider had recently held an anniversary event to celebrate the organisation's 30th year in operation. A special edition newsletter had been produced to inform people about what happened during the event. We saw that the registered manager and the co-ordinator had received long service awards and a staff member had won an award for going 'above and beyond' their role and responsibility.

Before our inspection, we checked the records we held about the service. Notifications are a way that we are able to see if appropriate action has been taken by the service to ensure people were kept safe. We found that the service had not submitted any notifications for some time. The registered manager confirmed that there had been no accidents, serious incidents, which had involved the police or safeguarding allegations.

We queried whether the service was registered under the correct regulatory activity because people were tenants and the service was not providing accommodation. The registered manager said they would make enquiries about this.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. The registered manager completed a monthly report which covered a wide range of areas. We looked at the monthly report for September 2016 which included staff supervision, tenant's activities, changes in support needs and targets to be achieved in the next month. We saw that some items on the list had been achieved, for example, the CEO and monitoring visits and the Care Certificate Assessors Training.

We saw a copy of a report for a quality assurance visit undertaken on 23and 24 August and 6 October 2016 by a team manager from another service. The report covered CQC's fundamental standards and noted areas for action, which could be developed to further improve performance against the standards.

We also saw that a monitoring visit to the service was carried out by the director of operations every three months and a report of the findings of the visit was produced. The last visit was undertaken on 6 October 2016 and the report covered different areas such as issues relating to people using the service, health and safety, records, and manager comments. An action plan was put in place for any shortfalls found that required improvement with the name of who was responsible for the task and when it should be completed

by.

We saw copies of three professional satisfaction surveys dated 6 October 2016. Both gave positive feedback about the service rating the home very good overall as did a family/visitor. Professionals commented, "I appreciate the openness of Sign Health – Claridge Road staff and sharing of potential concerns about the residents," "This is an excellent service. Difficult to suggest further improvements other than expanding the service to more schemes" and "The team have a good knowledge of the service user's needs and skills and how to try and meet them. Liaison is effective and appreciated. Caring intent and appropriate concerns as to the best interests of the service user."