# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Henshaws Society for Blind People - 1 The Avenue Knaresborough

1 The Avenue, Knaresborough, HG5 0NL

Tel: 01423865576

Date of Inspection: 05 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safety and suitability of premises** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |
| **Records** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Henshaws Society for Blind People |
| Registered Manager | Mr David Anthony Houston |
| Overview of the service | 1 The Avenue is registered to provide accommodation and personal care for five people who have a learning disability and an additional sensory impairment. The house is situated within walking distance of Knaresborough town centre. There are local amenities close to the home. It is a large three storey detached house with gardens to the front and side of the property. The registered provider is Henshaws Society for Blind People. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

### What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people including the manager and from looking at records.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?
People's care and support was reviewed with them and their families to check it remained effective and met their needs. Risk assessments were completed to support people to develop their skills and to make sure staff support and supervision was provided as needed.

Care records were accurate and reflected changes in people's needs. This made sure that people received the right care.

There was a stable staff team and some people had worked at the home for a long time. This meant that people received consistent support from staff members who knew them very well. Staff received suitable training and a manager was always available on call for further advice and support.

Effective management systems were in place to promote people's safety and welfare. Adaptations were made to take account of people's sight and hearing impairments such as strobe lighting used to alert people in case of a fire alarm.

The service had policies and procedures in relation to Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found relevant staff had been trained to understand when an application should be made and how to submit one. This meant that people were safeguarded as required.

Is the service effective?
People's health care needs including sensory care needs were kept under review.

We found that staff had genuine and meaningful interactions with the people they supported. During our visit we saw staff conversing with the people they supported and including them in conversations. This helped reduce social isolation and sensory deprivation that can be experienced by people living with dual sensory impairments.

People were involved in the development of their support plans and in reviews of their care. This meant that people's wishes and views were being taken into account.

People were encouraged and supported to follow their individual interests and pursuits. For example, one person had a workshop which they could use for developing their craft work whilst at home.

Is the service caring?
During our visit we observed good professional relationships were in place between staff and the people living at the home. We observed people approached staff confidently for assistance and that staff were quick to offer reassurance and support when needed. We spoke with one person who told us that 1 The Avenue Knaresborough was their relative's 'home' and she said he was settled and happy there.

Is the service responsive?
People received specialist support from the organisation's vision support team to assist with their sensory and mobility needs. People told us they met with staff and with other people to discuss what was important to them and their progress.

Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People had access to activities that were important to them and were supported to maintain significant relationships.

Is the service well-led?
Effective management systems were in place to promote and safeguard people's safety and welfare.

The quality assurance system included audits and checks carried out by staff in the home and by other managers from within the organisation. Records showed that issues were identified and responded to in a timely way. As a result the quality of the service was continuously improving.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We met three people who used the service and we spent time with two people and observed the care they received. We spoke with two members of staff including the manager and with a relative. During our visit we observed people appeared to be at ease with staff and were comfortable in approaching them for support and assistance. Staff included people in conversations by the use for example, of signing and finger spelling throughout our visit.

We communicated with one person through the manager by the use of sign language. We asked him what he liked to do with his time. He told us he liked to make Paper Mache models, and confirmed that he liked the staff and the home.

We reviewed care files for two people. These contained information about people's interests and preferences, current accomplishments and skills, what they still needed to learn, as well as what they wanted to do. So far as they were able, people were encouraged to make their own choices as to how they spent their time. One person for example, had a workshop in which they could follow their own interests and pursuits relatively independently.

There were risk assessments relating to all aspects of people's care needs, including mobility, falls, and epilepsy.  Measures were also in place which minimised risk of harm during activities outside the home. We saw that the risk assessments were updated every six months or more frequently if needed.

The manager told us that no one was currently subject to Deprivation of Liberty Safeguards. However, we found that they understood when an application should be made

and how to submit one. This meant that people were safeguarded as required.

Care files included a monthly evaluation sheet and people's care was reviewed on a regular basis taking into account people's increased confidence, self-esteem, practical skills and personal wellbeing. We checked the review record for one person dated 4 June 2014 which included pictorial cues to enable staff to develop individualised support plans that included people's views and wishes. We spoke with a relative who confirmed they were always invited to participate in reviews and these were timed to coincide with their visits. This demonstrated people using the service and their families were encouraged to become actively involved in making choices and in decision making.

The manager told us staff used the preferred communication system of each person, most of whom had a combination of vision and hearing loss. For example he showed us the weekly activity programme displayed in the dining room which included visual, tactile, and pictographs to convey meaning. We heard that there was a stable staff team who had built up detailed knowledge of the people they supported. The manager had also developed an information booklet so supply staff could use some essential signs to aid communication and understanding.

During our visit we saw people moved with confidence around the home. The manager told us that people were confident in environments that they were familiar with but most people needed a sighted guide in other situations. In their support plans we noted people were encouraged to work towards individual goals for example, using a taxi independently.

One relative who spoke to us during the inspection said that their family member benefited from a variety of activities and 1 The Avenue Knaresborough was very much "their home."

Emergency plans in place included a personal emergency evacuation plan. In this way people's specific needs were provided for.

**Safety and suitability of premises** ✓ Met this standard

**People should be cared for in safe and accessible surroundings that support their health and welfare**

## Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

## Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

1 The Avenue, Knaresborough is a large detached house, providing accommodation over three floors. There are gardens to the front and side of the property. The house was first opened for five people with a dual sensory impairment although not everyone currently accommodated has this level of impairment. Some people had lived at the service since it opened and had no difficulty with the layout or the facilities.

The manager told us that people using the service received additional support from the organisation's vision support team. This meant people were assessed and supported to safely access the environment. Members of the organisation's vision support team had also been involved in the recent upgrading of the kitchen so that the layout was suitable. This included careful positioning and increased lighting and larger cupboard door handles in a contrasting colour.

The involvement of the vision support team meant that on-going monitoring and support was available to assist people with changing sensory and mobility needs, and aids and equipment. The manager told us that people's needs would be carefully assessed before they moved in to determine their compatibility with the existing resident group, assess the aids and adaptations they required and their ability to deal with the general environment and stairs.

The manager said that a central maintenance team were responsible for organising the redecoration, general maintenance and repairs in the home. He confirmed that the maintenance team responded promptly to any requests.

During our visit we met the organisation's Maintenance & Interim Estates Managers who were making a routine check. Issues raised by the manager with them on the day included the action needed to address the on-going upkeep of the garden and the use of potential use of volunteers or purchase of a lawnmower and shed was discussed. We also discussed the stair carpet which although relatively new was beginning to look worn in

places.

The health and safety manager had responsibility for the fire risk assessment involving the manager and people who lived in the service wherever possible. This included adaptations suitable to meet the needs of people using the service. Examples of suitable adaptations included strobe lighting and vibrating pads attached to smoke detectors to alert people to the fire alarm. An assessment had also been made in relation to the workshop used by one person to minimise the environmental risks. This included fitting a smoke detector.

During our visit we reviewed a sample of safety certificates including the gas safety certificate, fire safety maintenance checks, and water safety check. All of these documents were up to date and well maintained. Other checks carried out included checks on the water temperature, fridge temperatures, legionella, and first aid boxes.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Reasons for our judgement

Staff received appropriate professional development.

The manager told us staff had the training necessary to make sure that people were well cared for. Staff records were held centrally as part of the organisation's staff training plan. We heard that the organisation had recently engaged the services of an external consultant to audit and advise the community homes on best practice in relation to staff training and record keeping.

The manager told us that the training manager used the training plan to highlight staff training needs and make sure that mandatory training such as safeguarding training, Equality and Diversity, fire safety, manual handling, Deprivation of Liberty Safeguards and first aid were all up to date. The manager said that staff also received training on relevant aspects such as autism and epilepsy and client specific training relating to communication needs.

The manager told us that staff were encouraged to listen, watch, and touch carefully so that they would learn to communicate effectively with each person. During our visit we saw staff conversing easily with the people they supported and including them in conversations.We saw that staff received communication skilfully and entered into conversation with people. We observed lots of good conversations with use of people's hands, bodies, touch and movement. This showed us that staff were receptive and trained to have genuine and meaningful interactions with the people they supported.

The manager worked as part of the staff team and observed their performance and care practices. We saw from records that competency and personal development was also monitored through individual supervision and appraisal systems. We checked a file for one member of staff. Training issues were discussed and recorded at supervision sessions and the file contained evidence of on-going training.

Staff meetings provided staff with a forum in which they could discuss new ways of working and good practice. The Housing and Support Manager also held monthly management meetings

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

We reviewed some of the methods that were in place to check the quality of the service. Individual reviews, house meetings and individual discussions were used to give people using the service opportunities to provide feedback. During our visit we saw how people were supported through various means such as touch and finger spelling to provide the information needed to enable their views and wishes to be heard and understood. One relative we spoke with confirmed were always asked for their views and that they were involved in reviews.

Audits were conducted to check standards of care records, the medication system, and personal finances. During our visit we checked a sample of the quality monitoring systems in place including maintenance and health and safety checks. These were all up to date and well maintained. The registered manager told us that managers from other services completed an audit each month focussing on different aspects of the management systems. Audits made during these visits covered a range of issues such as health and safety checks; security; first aid; housekeeping and welfare issues; care plans; accidents and incidents. The housing and support manager from the organisation also carried out a three monthly check. Other people actively involved in supporting and monitoring service provision included members of the vision support team and the maintenance support team.

The manager told us that individual support and training was supplied by other individuals through the organisation so that they could build a level of expertise to share with other community houses. One example of this was the fire safety training which the manager delivered for staff working at 1 The Avenue in Knaresborough and also for staff at other houses.

We also saw that a quality assurance report was written by a senior manager every three months. This covered monitoring of rotas; care plans and general care; supervision,

appraisal, training and induction; health and safety and food hygiene; medication; visits and inspections; communication systems; and a summary of recommendations.

**Records** ✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

## Reasons for our judgement

Records were kept securely and could be located promptly when needed. People's personal records and other records relevant to the management of the services were accurate and fit for purpose.

People's care records, and other records relevant to the running of the service, were safely stored in the office. During our visit we observed staff access these, and, where appropriate, we saw records were kept in locked filing cabinets. This meant that records were kept securely and could be located promptly when needed.

Information was also available in the office about record keeping. This included policies on data protection, confidentiality, and standards of care recording. Audits of people's care records were carried out. This showed us staff were guided on recording processes and that the quality of record keeping was monitored.

Records showed people had been involved in their reviews and this was confirmed by the relative we spoke with. During our visit we saw people involved in checking records and signing them for example, to confirm receipt of monies. One person we spoke with knew about their relative's care records and said they were involved in what was recorded in their support plans and in their reviews.

The records we checked showed people contributed to the way their support was planned and reviewed. Records contained important information about people's welfare. This made sure that information was documented and passed in within the team. This helped staff to provide consistent care and support.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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