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: 24 October 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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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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 24 October 2012, 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, talked with staff and talked with stakeholders.

What people told us and what we found

Not everyone living at 1The Avenue were able to tell us their views about the outcome areas we looked at because they had verbal communication difficulties, which meant they were not able to tell us fully about their experiences. On the day we visited, all but two of the supported people were out at various activities and day centres. We were able to speak with one person briefly by asking questions and them nodding yes or no. The manager helped to translate for one person who communicated to us by using sign language. Both people said they were happy living at the home.

We telephoned and spoke with relatives about the care people received at 1 The Avenue. Relatives described the home as being 'very good' one relative said "I am very satisfied with the home. They look after my relative well and the staff are very good." Another said "They (staff) are wonderful. I am very, very happy with the care."

We spoke with social care professionals. They made comments such as "My client's needs are being met and they seem to be happy" and "They work very well with me. I have no concerns or complaints about the service."

We spoke with the Local Authority Contracts Officer who informed us that they did not have any concerns about this service.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider has acted in accordance with legal requirements.

Reasons for our judgement

We spoke with the manager during our visit who told us that they involved people wherever they can during their assessments and care planning to find out how people would like to be supported with their care. We were told that they included individual wishes and choices in all the care that they gave. The manager gave examples of how they made sure they accommodated people's choices and arranged care in the way that the individual wanted. We saw evidence of the involvement of relatives, and care managers acting in people's best interest, especially where people had complex care needs.

Two people were at the home when we visited, whilst other people were attending community activities and day centres. We observed how staff supported people whilst allowing them to make their own choices in their daily lives. Staff were observed approaching people in a friendly manner and spoke or used sign language with people in a way which showed they understood their care needs. We saw staff helping them to make choices about what they wanted to do and how they wanted to spend their time. We saw that people were being treated with dignity and their rights were being respected.

One person we spoke with nodded 'yes' when asked if they were involved in all aspects of their care. Another person when asked the same question in sign language also said 'yes they were happy living at the home'

We spoke with relatives. One relative told us "Overall I am happy with the service." Another said, "They do not do anything without asking me and involving me first."

We spoke with social care professionals. One told us "The placement for my client seems to be working. They involve us and relatives when reviewing my clients care."

We looked at three people's care plans to see how people were involved and included in how they consented to their care. For those people who lacked capacity to make decisions about their care, we found systems to protect them to ensure their best interests

were always met.

People's views were sought about the home wherever possible; one of the ways they did this was to hold regular house meetings. Records we looked at confirmed this.

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.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

Two people were at home when we visited, whilst other people were attending community activities. We were able to briefly speak with one person and communicated through the manager by the use of sign language to another. We asked people if they were happy at the home. One person nodded 'yes' they were happy and another person was asked in sign language. They replied they were 'very happy at the home'

We spent a period of time observing people, whilst we were in the home. We were able to observe people's experiences of living in the home and their interactions with staff. We saw they were being supported appropriately by the staff and we saw they were receiving the care and support they needed to maintain their wellbeing. People were comfortable in the presence of the care staff. The overall atmosphere was calm and relaxed. We observed that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We spoke with relatives who described the care at the home as being 'very good' and 'a lovely home.' One relative said, "The care is very good. I am very happy with the home as they encourage my relative to be more independent." Another relative told us "I know my relative is well looked after. I know because they never worry when they have to go back after visiting me."

We spoke with social care professionals. One told us, "My client's needs are being met and they are happy there." Another said,"The transition was good for my client and the home worked well with us."

During our visit we looked at people's assessments and care plans. We looked at people's care plans to make sure that people's care needs were being met by the home. Records seen were detailed and reflected the care that people were receiving.

We looked at three people's care plans in detail. Each person had an assessment of care needs and a plan of care on file which covered all required areas. The organisation calls these Individual Service Plans (ISPs). We saw that care plans emphasised people's capacity and improvement to ensure they were treated in a way which maximised their independence. Each area of the care plan included a section on people's daily routine which was very detailed and outcome focused and included many details of people's

preferences. Care plans were written in the first person such as 'All about me, how I like to be supported, my morning routine', and so on. All the necessary care assessments and monitoring of people's care was being done. Records such as risk assessments, health assessments and health action plans as well as mental capacity risk assessments had been completed. Files had separate notes for health care professional visits and comments. Staff made notes about care being provided at regular intervals throughout the day which contained relevant detail. Care plans we saw had been regularly reviewed. This helped to ensure that people's changing care needs were continually met. Care plans seen had been audited regularly by the person's key worker then monthly by the manager of the home.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We did not speak to people living at the home about this outcome area because people had verbal communication difficulties, which meant they were not able to tell us fully about their experiences.

We looked at the homes medication system during our visit. The home has a monitored dosage system in place. We saw that medication was stored securely in the office. We saw that medication had been given to everyone in the morning. Medicines were prescribed and given to people appropriately. We looked at the medication administration record (MAR) which showed us that everyone had received their medication. Staff who had the responsibility for medication had signed people's records to say that this had been given. There were no gaps or errors on the MAR sheets.

The care staff at the home carried out regularly audits of the medication system to ensure that people received their medication appropriately and to reduce the potential of any errors being made.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We had not been able to speak with people living at the home because they had verbal communication difficulties, which meant they were unable to speak with us about this outcome area.

We visited the organisations Human Resources office based on campus at Henshaws College. This was so that we could look at the recruitment records of staff working at the home. We looked at the recruitment records of four staff. These confirmed that appropriate checks were undertaken before staff began work. We were given a copy of the training matrix for the four support staff whose files we looked at. This showed what training had been completed by staff and what further training they were planning to attend.

We spoke with relatives who described staff at the home as being 'very good'. One said "They (staff) are wonderful."

We spoke with care professionals who also told us they were satisfied that their client's needs were being met and that people were happy.

We spoke to the manager as we did not have the opportunity to speak with other staff as there was only the manager on duty when we visited. He confirmed that staff training was ongoing for the staff team. He said, "Training at Henshaws continues to be very good. We have a good staff team here at 1 The Avenue."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. Information on how to complain was on display on a notice board in the home. We saw the complaints procedure was written in large print and a clear plastic wallet contained the complaints procedure on a CD disc. This is good practice as this makes sure that people, regardless of their communication needs, have the complaints procedure accessible to them.

One person was asked in sign language about who they would speak to if they were upset and they answered they would speak to (name of staff).

The manager told us that people at the home were regularly reminded of the homes complaints procedure. This was done several ways such as discussion on an individual basis or through surveys that are in a picture format. It is also discussed in house meetings, which for most people living at the home this is done in sign language.

We spoke to relatives about how they would make a complaint. Everyone we spoke with said they would speak to either the staff or the manager of the home. One relative said, "If I had a concern I would speak with the manager."

We reviewed the complaints records which showed us people's complaints were fully investigated and resolved where possible to their satisfaction.

People's views were sought about the home wherever possible. People were asked about their views in house meetings, for most people living at the home this is done in sign language, and in questionnaires. This is important to make sure people are given an opportunity to air their views of the service and that their concerns are listened to and acted upon. Records we looked at supported this.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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