

***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 - 12 Church Avenue Harrogate**

12 Church Avenue, Harrogate, HG1 4HE

Tel: 01423531386

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2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Henshaws Society for Blind People
Registered Manager	Mr Iain Houston
Overview of the service	12 Church Avenue is registered to provide accommodation and personal care for six people who have a learning disability and an additional sensory impairment. The house is situated within walking distance of Harrogate town centre and there are local amenities close by in Bilton. It is a large three storey semi-detached house with a small garden to the front and rear. 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

## Contents

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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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 using the service, the staff supporting them 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 told us staff discussed their planned support with them 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. There were enough staff on duty to meet the needs of the people living at the home and a manager was always available on call for further advice and support.

Staff involved other health and social care professionals in a timely way. We found that 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.

Effective management systems were in place to promote people's safety and welfare. Systems included people living in the service as far as practicable. This reduced the risks to people and helped the service to continually improve.

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 were assessed with them. People were involved in the development of their support plans and in reviews of their care. People told us they were included in any decisions about how their care and support was provided. This meant that people's wishes and views were being taken into account.

People told us they liked living at the home and staff helped them to develop their independent living skills. They said there was enough staff to spend time with them on an individual basis and enable them to follow their individual interests and pursuits.

Is the service caring?

During our visit we observed good professional relationships appeared to exist between staff and people living at the home. People described having good relationships with the staff and one person said the manager was "good to us".

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?

Staff had a clear understanding of the ethos of the home and the quality assurance processes that were in place. People told us they were asked for their feedback on the service they received. They confirmed they were listened to and their comments were acted upon.

Staff were clear about their roles and responsibilities in promoting a good quality service.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### 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 checked care records for three people. Each person had an individual support plan which identified their abilities. Staff told us that they supported people to get the most out of their lives and make the most of their abilities. People were encouraged to identify and develop new skills and this was written down to make sure staff gave the right support.

We spoke with three people who told us they were involved in developing their personal support plans. People positively about the home and told us about the goals they were working towards. They said they made their own decisions about their lives and were encouraged to develop their skills. Care records also showed that people's capacity to consent to the every-day support they required was assessed. Staff told us people would always be involved in decisions about their care or treatment. No one at present was subject to any Deprivation of Liberty Safeguards.

People told us staff discussed their planned support with them to check it remained effective and met their needs. One person told us they were having a review the following day to discuss a range of topics such as leisure, health, finances and personal objectives.

Plans were in place to manage risks. People told us that they could travel independently by taxi or by bus to areas they knew well such as the arts and crafts centre in Knaresborough. Some people told us they could spend time unsupervised for agreed periods of time whilst inside the house. One person showed us the voice activated mobile they could use to contact staff if they needed assistance.

Personal information was also documented in a record called 'This is me'. We checked this document in one person's file. It specified for example, where the person could operate

independently. This included areas they were familiar with and with people they knew. It also specified where staff support and reassurance might be needed. This made sure that staff support could be identified and offered when needed.

People said they were involved in a range of fun activities outside the home including guided tandem cycling, drama and theatre workshops and arts and crafts. One person told us they liked the arts and crafts centre and showed us a papier -mache mirror they had made. These activities helped to develop good communication, trust and co-operation and supported people to grow in self -confidence.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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We found that people's health, safety and welfare was protected because the provider worked in co-operation with others.

During our visit we spoke with three people, the manager and a member of staff. We reviewed records relating to people's care and to the management of the organisation. We found that people received co-ordinated care, treatment and support where more than one provider was involved.

We saw evidence in people's care records that staff liaised with families, and health and social care professionals involved in a person's care. When necessary, they updated care records to reflect changes in people's needs, incorporating any advice and agreed decisions. This made sure that people received the most appropriate support for their needs.

The member of staff we spoke with told us they would support people to access health care appointments if they wished. She said that offering this level of support was important for some people to make sure they would get the best outcome from their appointments. Records demonstrated staff liaised with a range of health services to ensure people received the most appropriate treatment.

One person told us about their review planned for the next day. The manager showed us their review documents prepared for the meeting which included a 'house' report and a report from staff at the arts and craft centre.

The member of staff we spoke with said that wherever possible they involved other services to improve people's opportunities. One example of this was a recent visit by a community support officer who met with people living at the home. This helped increase people's safety and understanding of their own right to be free from fear or harassment.

The organisation also offered training programmes to members of the public and other service providers who support people with a visual impairment, including those with

additional disabilities. This service helped to raise awareness of visual impairment and disability in the area.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

People living at the home said there was enough staff to provide their support and spend time with them on an individual basis. During our visit we observed good professional relationships appeared to exist between staff and people living at the home. People described having good relationships with the staff and one person said the manager was "good to us".

We discussed staffing arrangements with one member of staff, and with three people using the service. We also looked at the staff rotas. People said that staffing was planned and organised in a flexible way to fit in with people's care needs and their activities. Rotas therefore were planned with varied hours and working days to meet the needs of the people living at the home.

On the day of our visit one member of staff was supporting the three people who were at home. People told us this was their 'living skills' day when they completed routine household tasks. The member of staff we spoke with said that people living at the service were relatively independent and able. However, she said staff always had access to the manager or an on call manager who would be available for additional support and advice if needed.

We spoke with the manager of the home who confirmed that staff were provided with specialist training that was specific to the needs of the people they supported. Training covered subjects such as fire safety, safeguarding adults, moving and handling and health and safety. All staff had completed visual impairment awareness training and practical sighted guide training. This ensured staff had the necessary skills and confidence to be able to support people with a visual impairment. Competency and personal development was also monitored through individual supervision and appraisal systems. This meant that people living at the home received continuity of care from staff that were trained to meet their needs.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People living at the home were provided with information which included the complaints procedure. This was available in audio form and Braille to suit people's communication needs. The people we talked with told us they knew how to make a complaint. They said they were happy at the home and had no concerns about the way they were supported or treated. We asked three people who they would speak to if they were worried or upset. One person said "I can speak to the manager."

People described how they were involved in the running of the home. For example, one person showed us the recipe book from which they could plan their weekly menu. People said they generally got on together as a group of people but if there were any problems they were encouraged to sort them out together. People were actively engaged in the wider organisation and they told us they kept in touch with events in the Vision newsletter. This tells people what is happening across the whole of Henshaws with news, events and stories from other services.

We checked a sample of the quality monitoring systems in place including maintenance and health and safety checks. Some of these were kept in the office. Others such as the daily fridge and freezer temperatures were kept by the equipment being tested for ease of recording. The registered manager told us that managers from other services completed a monthly audit 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 made a three monthly check.

We saw risk assessments were completed for the environment and care practice. One person told us about fire safety training and took us through the evacuation procedure. This was important as on occasions people might be alone in the house and they would need to know what to do in case of emergency.

The manager showed us an example of a survey people were asked to complete called 'What do you think'. This gave people the opportunity to express their views about aspects of the service such as staff recruitment; the environment; the people they live with; support from their key worker and staff; complaints and feedback; privacy; and activities.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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. They were readily accessible to staff, and, where appropriate, were kept in locked filing cabinets. This meant that records were kept securely and could be located promptly when needed.

Information was also available 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.

We spoke with three people living at the service. They told us about their care records and said they were involved in what was recorded in their support plans and in their reviews. One person said staff read out and explained what they had written, and asked them for, and recorded, their comments.

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. 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. 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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