Henshaws Society for Blind People

Henshaws Society for Blind People - 1 The Avenue Knaresborough

Inspection report

1 The Avenue
Knaresborough
North Yorkshire
HG5 0NL

Tel: 01423865576
Website: www.henshaws.org.uk

Date of inspection visit:
21 September 2017
28 September 2017

Date of publication:
07 November 2017

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

Henshaws Society for Blind People - 1 The Avenue Knaresborough is registered to provide accommodation and personal care for five people who have a learning disability and an additional sensory impairment. Accommodation is provided in a three storey detached house with communal areas on the ground floor. The staff office, bedrooms and bathrooms are accessed by means of a staircase.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

This comprehensive inspection took place on 21 and 28 September 2017.

There was a policy and procedure to guide staff in how to safeguard people from the risk of harm and abuse. Safe recruitment procedures were in place and staff were deployed in sufficient numbers to allow people to follow their individual interests, hobbies and pursuits. Staff received training, supervision and support to enable them to have the skills and confidence to communicate with people and provide effective care and support.

Risks were identified and action taken to reduce risks without impacting on their rights and freedoms to be independent.

People were supported to maintain their health and had access to a range of community health care professionals. People received their medicines as prescribed.

People could choose what they had to eat and drink and staff supported them to plan menus, to shop and prepare meals.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had their needs assessed and plans of care were developed in order for them to receive individualised care. We found that staff knew people's needs well and delivered focused, person centred care. Staff were caring and patient and we observed that people who used the service were comfortable and at ease with staff.

People were involved and encouraged to participate in a range of activities of their choosing. Staff promoted people's independence throughout our visit. There had been no complaints since the last inspection. People told us they would feel confident raising any issues with the manager if needed.

There was a quality monitoring system that surveyed people's views and audited aspects of the service to enable improvements to be made.

We saw the environment was warm, clean and tidy and was suitable for people's current needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Henshaws Society for Blind People - 1 The Avenue Knaresborough

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 registered 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 comprehensive inspection took place on 21 and 28 September 2017. The inspection on 21 September was unannounced and was carried out by one adult social care inspector. The inspection on 28 September was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the details we held about the service, including notifications sent to us by the provider. Notifications are when providers send us information about certain changes, events or incidents that occur within the service, which they are required to do by law. We contacted the local authority commissioning team to gain their views of the service. All of this information was used to plan the inspection.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR shortly after our visit to the service and we took the information it contained into account into our findings and the preparation of this report.

During the inspection we observed how staff interacted and communicated with people who used the service. We met four people who used the service. Following the inspection, we contacted three relatives. We spoke with the registered manager and three support workers.

We reviewed three care files for people who used the service, together with their associated medicines administration records [MARs]. We looked at a selection of documentation relating to the management of the service such as training records, supervision and appraisal sessions, quality assurance audits, and maintenance of equipment records. There had not been any new staff recruited at the service since our last inspection so we discussed the recruitment and induction processes with the registered manager.

Good

Our findings

Safeguarding policies and procedures were in place and staff had received training on these, to ensure they knew how to protect people from the risk of harm and abuse. The manager told us there had been no safeguarding incidents since our last inspection and no concerns had been raised with CQC. Risk assessments were contained on people's files and these included the steps taken to reduce identified risks without placing undue restrictions on people's freedoms and rights. For example, one person we met could access the community independently and received the support they required in order to do this safely. Comments we received included, "I feel safe," "I have a key to my bedroom, my things are safe," and, "Staff help me." One relative told us, "I am satisfied with the quality of the care provided. [Name] is happy and content."

Staff confirmed there were always enough staff on duty and, where necessary, they said they covered for each other to cover periods of sickness or holidays. This meant that people who used the service benefited from a stable, consistent staff team who knew people very well. The manager told us that staffing was flexible to meet people's needs and their chosen activities. People had designated one to one time to ensure they could follow their individual interests and pursuits. One person told us, "I go to work, down at the centre, I work in the kitchen, I like that, and I help members of the public." Another person said, "I can go out by myself up to the hairdressers." During our visit we saw that staff supported people to access the community and with daily living tasks, such as with meal preparation and cleaning, which posed a challenge owing to their sensory needs. One support worker completed a sleep-in shift each night and there was a management on-call system for emergencies.

The provider had a recruitment policy in place and this included recruitment checks such as references, identity, disclosure and barring service (DBS), and the right to work in this country. The manager told us there had not been any new staff appointments since the last inspection. The organisation's human resources team were involved in the management of the recruitment process to ensure safer recruitment practice was followed. This showed us arrangements were in place to ensure only suitable staff were employed to work in the service.

Medicine administration records [MARs] were in place for people's prescribed medicines. These demonstrated people had their medicines administered in line with their prescription, individual health management plan and medicine protocols.

Maintenance checks were completed on a regular basis to ensure the premises were kept in good repair.

Evacuation plans were in place in case of an emergency and, where appropriate, people had specialised equipment provided to alert them to a fire alarm sounding. We found the service was warm, clean and tidy. A domestic worker visited twice a week and during our visit we saw the people who used the service also completed household tasks. Staff had access to personal, protective equipment when required.

Good

Our findings

We observed staff used a variety of methods to communicate effectively with people who used the service. Care plans included information about the person's most effective means of communication and how they could best support the person. Examples included speech, Makaton, pictorial references, visual prompts and finger spelling. During our inspection we observed that when people approached staff for assistance, staff offered support promptly and willingly. For example, one person wanted to know about the staffing arrangements over a number of weekends. We saw staff were patient spelling staff names out to them and checked their understanding all the time.

Training records showed staff had completed a wide range of training. Topics included safeguarding, fire safety, first aid, moving loads safely, equality and diversity, health and safety and visual impairment awareness training. Staff confirmed they had received additional training such as epilepsy management, communication and autism to meet people's specific care needs effectively.

Staff records demonstrated staff received supervision and appraisals on a regular basis. Supervision covered aspects of staff personal development, performance and training needs, together with a discussion about their key worker role and any issues affecting the people who used the service.

The Mental Capacity Act 2005 [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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible and legally authorised under the MCA. 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in MCA and DoLS. Records showed that people's mental capacity had been considered and DoLS were not required for any of the people who used the service. This showed us the manager had followed the principles of the MCA.

We observed that people had a varied, nutritional diet. People's files contained information regarding any allergies they had, special diets, likes and dislikes, and how the person was able to prepare meals. The food

and shopping budget was divided between the people who used the service. This enabled them to shop individually for food and other household items. Each person was encouraged to devise their own menus and had individual storage in the kitchen to keep their supplies. Some people chose to have their main meal at lunchtime and had a lighter meal in the evenings. One person told us, "Sometimes I like a curry, and we have a takeaway on a Wednesday."

People had access to a range of health care professionals including GPs, dentists, opticians and podiatrists. One person was supported to access a healthcare professional who could communicate effectively in sign language and specialised in autism. This helped to ensure the person was actively consulted about their care and treatment and offered choices about their support. Guidance was available on the best approach for staff to take to reduce people's anxiety and deescalate emerging situations. We saw this happened when a person was upset during our visit and observed the manager acted quickly to reassure the person to restore their confidence.

The organisation's therapy, education and sensory service were used extensively for reviewing mobility, community routes, kitchen skills and adaptations and equipment. Adaptations had been made to the premises to facilitate people's movement around the service and furniture was placed in such a way to facilitate signing. In addition to alarms that vibrated for emergencies like fire, adaptations included good lighting to reduce shadows, handrails and tactile markers for kitchen equipment.

Good

Our findings

We observed patient, friendly and caring interactions between staff and the people who used the service. Staff told us that they all had a passion for the work and enjoyed making the lives of the people living there better in any way they could. Relatives told us staff were, "Caring and kind." One relative said staff were, "Brilliant." Another relative said to us, "[Name] couldn't have better care. They [staff] are welcoming and we are grateful [Name] is so happy."

There was a relaxed atmosphere throughout our inspection and people were at ease with the staff who supported them. Staff interacted well with people and there was a general feeling of affection between the people that used the service and staff. We observed four people as they were supported in their daily activities, cooking, cleaning and accessing the community. Staff were warm, caring and respectful with people and people appeared comfortable with them. Staff were patient in their interactions and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.

Staff were knowledgeable about the people they supported and could tell us about people's needs and preferences. People's support plans also documented how people liked and needed their support from staff.

People met with their key workers monthly to discuss their plans of care and activities. This meant that people's goals were kept under review. We observed people were actively consulted on every aspect of their care, including what they wanted to do and how they spent their time. One person told us, "One of the lads takes me to see Harrogate Town (football); I've got the shirt, the hat and the scarf." Other people described outings and activities such as shopping, lunch, chocolate shop, Lightwater Valley and garden centres, which they enjoyed.

From our observations and discussions it was evident that staff promoted people's independence. They offered prompts and support where needed but allowed people sufficient time to complete tasks themselves. Information boards in the dining room provided details about what activities people participated in, their menu choices and which staff were on duty. Information about the staff was displayed in formats such as photographs and textured fabric to help people who used touch to access information. Each person had their own bedroom which afforded them privacy and bedroom and bathroom doors had locks fitted for privacy and promotion of personal dignity.

We were told that visitors could come and go as they pleased and one person liked to prepare a meal with their relative when they visited. The manager told us they would facilitate this and shopped for special ingredients and made sure that people and their relatives' preferences were taken into account on festive occasions. Another person liked to bake and staff told us they held baking sessions and liked to stock the freezer with their baking which they then shared with others in the house.

Good

Our findings

People who used the service followed very individual interest and pursuits. Examples included triathlons, a 'knit and natter' group at a local library, needlework, and sculpture willow weaving at the nearby Royal Horticultural Society garden. Group based activities were also organised and twice a year the house took a week's holiday when people who used the service and staff went out to different places such as a day trip to Blackpool for the lights, and another was a day trip to London. Staff told us about frequent shopping trips, lunch, and pampering sessions, "Anything with glitter and pom poms." People often went out locally to cafes and the garden centre. Trips further afield included a boat trip at Whitby, York Railway Museum, pantomimes, and canal boat trips. One person told us they worked and enjoyed attending football in their spare time. They said, "I like helping members of the public."

During our inspection we saw that people were supported to access the local community such as shops and cafes daily. People also attended day care services, which the provider facilitated. In their PIR the provider told us that people were asked to complete a questionnaire every six months. This covered the day service people attended, together with questions on the service, the staff, and people they shared the service with.

A review of day service placements was also carried out every six months with each individual, to seek their views on their day care placement. Any feedback or action could then be carried out as a result. For example, a change of workshops if people were not happy with the one they attended.

On-going assessments and reviews were carried out to identify people's support needs and any changing needs so that appropriate action could be taken. People met with their named keyworker monthly to review progress on their identified goals and identify future aspirations. For one person, this was to develop and increase their confidence when they travelled a long distance. For another person, it included strategies to help improve their confidence when they attended medical appointments.

Care and support plans were person centred and took into account people's individual wishes and needs; their life circumstances and choices. Care plans included information about people's medical conditions, dietary requirements and their daily lives and how these needs were to be met. For example, with regard to distressed behaviour, personal care, epilepsy, mobility and vision. One person's care plan stated, "I need lots of reassurance and will bring you an object that I think is lovely. I like staff to sign to me that the object is lovely."

People's bedrooms and communal rooms were personalised with televisions, DVDs, music equipment and a

computer for communal use.

The complaints procedure was on display and made available in different formats. We observed that the staff were open and listened to the people that used the service. One person told us they would speak with staff if they were worried or upset and were confident that any issues they raised would be dealt with appropriately. Relatives told us they did not have any complaints about the service, but any issues they raised were dealt with quickly. One person said, "I would be very vocal if anything was wrong." There had not been any formal complaints since the last inspection of the service.

Good

Our findings

There was a relaxed and friendly atmosphere throughout our inspection and it was evident that staff knew people well. Our observations showed that people were encouraged to retain control in their life and were involved in daily decision making.

The service had a registered manager. 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.

In their PIR the provider told us that staff meetings took place on a monthly basis. They said the provider also had a staff consultative committee for staff representatives to discuss concerns or queries with managers. These provided staff with a forum in which they could share professional ideas and contribute to the running of the service and discuss concerns. Staff said they had the opportunity to meet regularly with each other and with the manager. They described an open, person-centred ethos and they spoke positively about the leadership the manager provided.

Records showed audits were carried out regularly and updated as required. In addition to daily and weekly checks, monthly audits were undertaken. These included a review of health and safety, documentation, risk awareness and the welfare of people who used the service and staff. The monthly audits were carried out by another manager to provide an independent view of the service and speaking with people and the staff, a review of a sample of records, such as people's care plans. The resulting findings were sent to the line manager who had direct operational responsibility for the service so that action could be taken where required. The provider had a newly appointed health and safety manager who had undertaken their own review and made recommendations for improvement. For example, they had made recommendations regarding the fire doors. This work was being undertaken when we visited.

The manager told us how accidents and incidents were analysed to make sure lessons were learned. For example, they described a recent event at the day centre and the measures they had taken to prevent a reoccurrence and ensure staff knew how to support the person in a way that met their emotional needs.

The manager told us staff, people who used the service and relatives were asked to complete surveys on a regular basis and their feedback was used to make improvements. Service improvement was also driven through nationally recognised accreditation schemes such as the Investors in People award. Further plans

for development included the introduction of a contract with an external organisation to ensure policies and procedures were kept under review and up to date. A new management role had been created to strengthen the management team and to take on the line management role of the manager and contribute to the quality assurance systems.