Henshaws Society for Blind People

Henshaws Society for Blind People - 12 Church Avenue Harrogate

Inspection report

12 Church Avenue
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

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. It is a large three storey semi-detached house with a small garden to the front and rear. At the time of our inspection six people were living at the service.

This inspection was undertaken on 14 March 2016, and was unannounced. The service was last inspected on 1 May 2014 and found to be compliant with all of the regulations that we assessed.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A manager was in post at the time of our inspection but had not commenced the process to apply to be the registered manager. We have called them the 'manager' throughout this report.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Accidents and incidents were investigated and action was taken to prevent their future reoccurrence. Staff had been recruited safely and relevant checks were completed before they commenced working within the service. People were supported to self-medicate when possible and appropriate systems were in place to order, store and administer medicines safely.

People were supported by staff who had the skills and experience to carry out their roles effectively. Staff received effective levels of support, supervision and mentorship. People who used the service were supported to make their own decisions about aspects of their daily lives. The staff followed the principles of the Mental Capacity Act 2005 (MCA) when there were concerns people lacked capacity and important decisions needed to be made. People were encouraged to maintain a healthy lifestyle and eat a balanced diet. People's needs were met by a range of healthcare professionals.

People's needs were met by caring, patient and considerate staff. The staff team had worked within the service for over 10 years which meant they knew people's preferences for how care and support should be delivered and had built a trusting and supportive relationship with the people who used the service. People were treated with dignity and respect by staff and encouraged to express their views.

People were involved with the initial and on-going planning of their care. Their levels of independence and individual strengths and abilities were recorded. People were encouraged to maintain relationships with important people in their lives and to follow their hobbies and interests. The registered provider had a complaints policy which was available in audio format which made it accessible to the people who used the

service. When complaints were received they were used to develop the service where possible as required.

People who lived in the home and staff contributed to the development and management of the service. Meetings were held regularly and people's comments were listened to and implemented to improve the service when possible. A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service. When shortfalls were identified action was taken to improve the level of service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported by appropriate numbers of suitably trained staff who had been recruited safely.

People were protected from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

People's medicines were ordered, stored and administered safely. People were supported to self-medicate safely.

Is the service effective?

Good

The service was effective. Staff had completed training and received on-going mentoring and support which enabled them to meet people's need effectively.

People were encouraged to maintain a healthy and balanced diet. People were supported to make drinks and meals themselves and to create weekly menus.

People were supported by a range of healthcare professionals to ensure the holistic needs were met.

Staff understood the need to gain consent from people before care and treatment was provided and the registered provider ensured current guidance and legislation were followed.

Is the service caring?

Good

The service was caring. We observed care workers listening to people and providing personalised care that met people's needs. The staff had worked in the service for a number of years and it was clear they had a good understanding of people's needs.

People who lived at the home told us and we observed staff treated them with dignity and respect.

People were involved in making decisions about all aspects of their lives including their care and treatment. People's preferences were recorded in their care plans.

Is the service responsive?

Good

The service was responsive. People were encouraged to express their views about the care and support they received. When suggestions were made they were listened to and implemented to improve the service when possible.

The registered provider had a complaints policy in place which was available in audio format to ensure it was accessible for the people who used the service.

People were involved in the initial assessment of their needs and the on-going planning of their care.

Is the service well-led?

Requires Improvement

The service was not well-led. The service is required to have a registered manager in post; at the time of our inspection a manager had recently been recruited but had not commenced the process to become a registered manager.

There was a quality assurance system in place which consisted of audits, checks and feedback provided by people who used the service.

Staff told us the management team were approachable and encouraged people and staff to be actively involved in developing the service.

Notifications were submitted to the CQC as required.

Henshaws Society for Blind People - 12 Church Avenue Harrogate

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 inspection took place on14 March 2016; the service was given 48 hours' notice because we needed to be sure someone would be in. The inspection was completed by an adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During our inspection we spoke with five people who used the service. We also spoke with the manager, the deputy scheme manager and three members of care staff.

We looked at three people's care files along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance audits, stakeholder surveys, recruitment information, staff training records,

policies and procedures and records of maintenance and checks carried out on equipment and facilities. We also took a tour of the premises to check general maintenance as well as cleanliness and infection control practices.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and were supported by appropriate numbers of staff. One person said, "The staff make me feel safe." Another person told, "Yes, I am safe" and "There is always someone [staff] here when I need them." Other comments included, "They take me wherever I want to go, they are always here" and "We don't have any problems with the staff, when someone is sick they always get someone else to come in."

People who used the service were protected from abuse and avoidable harm. The staff we spoke with could describe the different types of abuse that may occur and what signs to look for which may indicate someone was suffering from abuse. Records we saw confirmed staff had completed safeguarding training and staff told us they would report any poor practice they witnessed or became aware of. A member of staff told us, "I would report abuse immediately to my line manager." Another member of staff said, "[Name of the deputy scheme manager] is so dedicated, she lives and breathes this place, she wouldn't stand for anything like that happening."

The registered provider had a safeguarding policy in place that was aligned to the local authorities. The deputy scheme manager told us, "We have recently had to report something to the safeguarding team which they are investigating" and "To raise awareness we discussed abuse in one of the residents' meetings; went through a booklet and talked about what could happen and why it's important to report things."

We saw evidence to confirm when accidents and incidents occurred within the service they were recorded and investigated appropriately. Action was taken following incidents to prevent their reoccurrence and to ensure people remained safe. The deputy scheme manager told us, "Staff complete the incident forms which are reviewed by the most senior person in the service. We make comments and then forward it to the health and safety manager to review; they will offer advice about how we can reduce the risks of it happening again." This helped to ensure that there was a learning culture within the service and action was taken to protect people from avoidable harm.

People had their assessed needs met by appropriate numbers of staff. The deputy scheme manager explained that staffing levels were flexible to meet the needs and choices of the people who used the service. They told us, "The guys do independent living skills on a Monday and a Thursday so we need enough staff to support them with that and less staff when they go to college and the activity centres." A member of staff said, "We never have issues with staff, we cover and help out when we need to and [Name of the deputy scheme manager] is happy to help out." At the time of our inspection the six people who used the service were supported by three members of staff, a deputy scheme manager and a manager.

The deputy scheme manager told us staff were recruited in line with the registered provider's recruitment policy. The manager of the service confirmed prospective staff had to provide two suitable references and a Disclosure and Barring Service [DBS] check was completed before a position was offered. The deputy scheme manager said, "We can track on our intranet where the process is, we can see when DBS checks are back and when references have been returned."

A number of people were supported to self-medicate. Assessments of people's abilities and support needs were completed and appropriate checks were in place to ensure people took their medication safely. We saw that blister packs were utilised within the service. Blister packs are prepared by the supplying pharmacy and hold all of a person's tablets in compartments marked with the day of the week. A person who used the service told us, "I have mine locked in my room. I know I can speak to the staff if I have any problems."

The registered provider had a medication policy in place that outlined how to order, store and administer medicines safely. Medicines were stored in a locked cabinet and Medication Administration Records [MARs] were completed to ensure medicines were taken as prescribed. The MARs we saw were completed accurately without omission.

Plans were in place to deal with foreseeable emergencies and Personal Emergency Evacuation Plans [PEEPs] had been created for each person who used the service. The plans contained people's individual abilities and detailed the support they would require to evacuate the building in an emergency situation. The manager told us, "We also have the numbers of local services and an on-call system so we can be contacted when something happens."

Good

Is the service effective?

Our findings

People who used the service felt they were supported by staff who had the skills and experience to carry out their roles effectively. We were told, "They are brilliant, they are really friendly and helpful and supportive", "The staff help me with everything, my life would be rubbish without them. I would probably just stay in my room" and "They are very good."

People told us they were encouraged to eat a healthy and nutritious diet. Their comments included, "We all cook for ourselves, I like vegetarian food, it's good for me", "They [the staff] help me decide what I want to cook and like me to eat fruit and vegetables, I don't like them though" and "We make a shopping list on living skills days and then go get what we need, one of my favourite foods is pasta."

People were supported by staff who had completed relevant training to enable them to meet people's individual needs. The deputy scheme manager told us, "We have training that is mandatory which everyone has to do but we also do client specific training such as epilepsy and behaviours skills." Training the registered provider considered mandatory included visual impairment awareness, safeguarding, the MCA and DoLS, health and safety and infection control.

Staff told us they received effective levels of support and one to one supervision. One member of staff, "We see [Name of the deputy scheme manager] most days and have regular meetings with her." Another member of staff said, "We support each other, we have worked here for about 15 years so we are a really strong team but we can speak to [Name of the deputy scheme manager] at any time if we need to." The deputy scheme manager admitted that not all staff had received supervision in line with the registered provider's policy. They said, "We are a bit behind but we know we are and will make sure we get back on track." We discussed this with the manager of the service and reinforced the need to ensure people were supported to carry out their roles effectively.

Staff had the skills to communicate with people effectively. We saw information in people's care plans that indicated their preferred methods of communication. The registered provider had made certainmade certain information available in an audio format to meet the needs of the people who used the service. The 'house rules' were displayed in a large print format so they were more accessible to people. The deputy scheme manager, "It's about knowing the guys, you can't ask [name of a person who used the service] questions in front of other people because you won't get an in-depth response and if you ask [name of a person who used the service] how are you? You will not get a nice answer." We were also told, "Different people have different skills; we can use picture cards with some people and show them what a meal should look like when they have made it." A member of staff explained, "Some of the guys have IPads, they have been shown how to use them by our rehabilitation officers and can use them to find out all sorts of things."

Staff understood the need to gain consent from people before care and support was provided. When we asked staff how they would gain a person's consent they told us, "I just ask, the guys came make up their own minds so I just ask if they want help and give it to them if they want it", "We all ask, if they [the people who used the service] want to do something by themselves we let them."

Capacity assessments were completed appropriately before people had any decisions made on their behalf to ensure they did not have the capacity to make an informed decision about aspects of their care. When it was clear people lacked capacity best interest meetings were held for specific decisions such as people moving into the service and administering medicines covertly. A best interest meeting is attended by relevant healthcare professionals and other people who have an interest in the person's care, like their relatives or advocates and ensured any decision made on a person's behalf was in their best interests and respected their known wishes.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the DoLS. The deputy scheme manager told us, "We use a DoLS consideration form and have applied for one DoLS but we were told the person did not meet the criteria" and "We talk about DoLS in the team meetings to ensure staff have the skills and knowledge they need."

We saw records that confirmed a number of healthcare professionals were involved in the care and treatment of people who used the service. A 'professional visits' form was used to record advice and guidance provided by GPs, community nurses and other professionals. We saw evidence to confirm people's care plans were updated to incorporate and information that had been received. The deputy scheme manager told us, "People have annual health checks, epilepsy reviews; we use social workers, learning disability teams and clinical psychologists." This helped to ensure people continued to receive effective care and support as their needs developed.

People were encouraged to eat a balanced diet of their choosing by staff who had completed food safety training. A member of staff said, "The guys eat really well, they eat a variety of things and make a lot of things themselves." Another member of staff said, "We help them plan and decide what they want and then we going shopping together." A third member of staff said, "We encourage them to drink lots of water and they tend to want our help with food preparations so we can guide them towards healthy options."

The deputy scheme manager explained, "Everyone has chosen a four weekly rolling menu, it has been designed by them so has all the things they like. You can bet though that someone will say they fancy something totally different which we obviously sort out for them." A person who used the service said, "Sometimes we go to the pub and have meals out, which I really like."

Good

Is the service caring?

Our findings

People who used the service told us the staff were caring. One person said, "They are very caring, they take me out every day and we do all the things I want." Another person told us, "They are really supportive, they really care about me." A third person commented, "They make sure we have everything we need and always make sure we are alright" and "They listen to me and help me with anything I need."

People also told us staff respected their privacy and treated them with dignity. Their comments included, "Everyone knocks on my door and asks if they can come in, that's one of the house rules", "They let me have my space, I like to spend time in my room" and "They let me do what I can, they don't take over."

We spent time observing how people who used the service interacted with the staff who supported them and saw numerous positive interactions. People gravitated to staff and it was clear relationships had been built on trust and respect. People sat together and talked about various aspects of their lives and laughed and joked with staff. The atmosphere was relaxed and people were calm and content in each other's company.

People who used the service were supported to maintain and develop their levels of independence. The deputy scheme manager told us, "Henshaws is all about independence, we support people to be independent and help them achieve daily living skills. We support people to live fulfilled lives." We saw the registered provider's rehabilitation officers supported people to achieve any goals people set by creating step by step guidance. Staff then supported people until they were confident they could complete the task autonomously.

During discussions staff described how they treated people with dignity and respect. One member of staff said, "Our guys want to go into different environments, meet new people. They go to the working man's club and the snooker hall. We respect that and encourage them to try new things." Another member of staff told us, "I treat people how I would want my family to be treated if they used a care service." Other comments included, "We have to remember this is not just our place of work, it's their home and we have to show them respect", "We have house rules that the guys created and we all abide by them" and "They have people over, [name of the person] girlfriend comes round and they sit with us for a bit then go to his room for some privacy."

Staff showed genuine concern for people's well-being and supported people in a caring way. After a person who used the service fainted they were supported to visit their GP. The person's blood pressure was very low and due to this a medication review took place. An appointment was arranged for the person to return in one week. The deputy scheme manager told us, "We thought a week was a long time and was worried something may happen in the meantime so we bought a blood pressure machine." The manager commented, "The staff practised on each other so we knew how to use it and then we used it to check [name of the person] blood pressure. Then staff took [name of the person] blood pressure to check it was okay, one day it was really low so they rang 111 and got emergency advice." The deputy scheme manager said, "If we had left it a week like we were advised he could have fainted again and could have really injured

himself."

The deputy scheme manager confirmed there were no restrictions placed upon visiting times. They told us, "Absolutely not, they [the people who used the service] can have people over whenever they want, this is their house." A member of staff said, "We would never say people couldn't come round, the guys have their girlfriends round and their friends whenever they like."

Staff were aware of their responsibility to keep private and sensitive information confidential. The registered provider had a confidentiality policy in place for staff to refer to as required. The deputy scheme manager confirmed, "We have a Henshaws intranet system so all of the information is backed up. The care files and all the paper work are locked in the office." The manager confirmed the IT systems used by the registered provider were password protected and different access was available depending on staff seniority. This helped to ensure sensitive information was only seen by people who required access to it for specific purposes.

People were informed about the services available to them such as advocacy services. The deputy scheme manager told us, "We have not need advocates in this service but have used IMCAs [Independent Mental Capacity Advocates] in other services" and "We have spoken about advocates in residents' meetings."

Good

Is the service responsive?

Our findings

People who used the service told us they knew how to raise concerns and make complaints. One person said, "I have complained, it was resolved and I am happy." Another person said, "I would speak to the new manager if I wanted to complain." A third person commented, "They [the staff] sort out any problems I have."

People also told us they were involved with the planning and on-going development of their care and support needs. One person said, "Every month we talk about what I want to do and if there is anything I am not happy with." Another person told us, "I have meetings as well, I say if there is anything new I want to do and if there is anything I don't want to do anymore."

People had their needs, abilities and levels of independence assessed before care plans were developed to ensure people received the support they required for specific aspects of their lives. The deputy scheme manager told us, "Ideas come up all the time just conversationally; if someone wants to develop a skill or try something new, it could be to cook a meal or learn how to get to a certain place. The rehabilitation officers create a step by step guide, our 'small steps to success' to help people to achieve their goal." The 'small steps to success' ensured people achieved their goals, gained new skills and lived fulfilled lives. The deputy scheme manager told us, "I have done an orientation and mobility course so can look at the 'small steps to success' and re-enforce the things the residents have learned and speak to the rehabilitation officers if I think they need some more support."

People's care files contained information in relation to their lives before they moved into the service. It included a 'this is me' document that informed staff of how people liked to spend their time, their hobbies and interests, their preferred name and ways they liked to relax. Health action plans had been created so when people required support from another service or a hospital admission staff were aware of the person's preferences for how care and support should be delivered. Each care plan we saw consistently re-enforced the promotion of people's independence and independent living skills.

People were supported to take part in social activities and work opportunities. A person who used the service told us, "Today is living skills day; it's my favourite because we do the food shopping." A second person said, "We all like living skills day, we make shopping lists and do jobs in the house like hovering and cleaning my room, then we go buy everything we need." A third person said, "I like to go to the gym, the staff have to help me; they set the speed on the machines and guide me from one to another, I like to keep fit and look after myself."

People regularly attended the Henshaws Arts and Crafts Centre where they undertook activities such as making tactile pictures, paintings, sculptures, jewellery and plaques. During our inspection we saw numerous items displayed within the service that had been made by the people who used the service.

The deputy scheme manager told us, "Some of the residents attend work placement schemes; they are designed to help people gain a work ethic, new skills and be in a professional atmosphere." A person who

used the service said, "I'm a volunteer, I put flyers in envelopes so they can be sent out, I really enjoy it, it's my job."

People were encouraged and supported to maintain relationships their families and friends. People's care plans held information regarding important dates such as anniversaries and birthdays which staff used to remind people to send cards or make contact. A member of staff told us, "We let them know when it's Mother's day and things like that so they don't forget."

Reasonable adaptations had been made to enable people to develop and maintain their levels of independence. The deputy scheme manager commented, "We have certain things like the microwave, the washer and dryer which have been adapted; but the clients in this house are very independent, we help them to do all sorts of things without having to get specialist equipment." We saw that hand rails had been installed in stair wells and in bathrooms, talking clocks and large button phones were also utilised. The manager told us, "The rehabilitation teams have put special applications onto people's tablets [hand held computer device] and help them learn to use them, they use the Siri [voice activated internet searches] a lot."

The registered provider had a complaints policy in place at the time of our inspection. The policy covered response and acknowledgement times as well as provided details of how the complaint could be escalated if the complainant felt their response was unsatisfactory. The policy was also made available in audio format which ensured it was accessible to the people who used the service. A member of staff said, "The guys will say when they are not happy about something and have made complaints in the past."

Requires Improvement

Is the service well-led?

Our findings

People who used the service told us their views were listened to. One person said, "We have meetings to talk about the things we want to do, we can do whatever we want." Another person said, "They listen when we make suggestions." Another person commented, "We have a say on everything."

At the time of our inspection there was no registered manager in post. A manager is employed but has not commenced the application process to become registered with the CQC A service that does not have a registered manager in place cannot receive a higher rating than 'requires improvement' in the well-led domain.

People who lived in the home and staff were actively involved in developing the service. Residents' meetings were held regularly and used to discuss things such as developing the house rules, incidents that had occurred within the service, privacy and future activities. People also completed questionnaires on a six monthly basis to provide feedback on the level of service they received. We saw evidence to confirm people's suggestions were listened to and acted upon when possible. A member of staff commented, "We encourage the guys to speak up all the time, when they first moved in they wouldn't raise a thing or say how they felt. They are so much more confident now and always have their say."

A person who used the service told us, "I get involved with the interviews [of prospective members of staff] two of us interviewed the new manager" and went on to say, "They listen to what we think and who we like." The deputy scheme manager said, "For all interviews we put a panel together, we support the guys with any questions they want to ask and facilitate a service user panel, we use their thoughts and information to add to the overall picture before people get offered a position." This helped to provide assurance that the people who used the service were listened to and their thoughts and opinions were considered when important decisions were made regarding the service.

Staff meetings were used as a forum for staff to raise concerns, discuss people's care and support requirements, changes to best practice and new legislation. A member of staff told us, "We have regular meetings, they are really helpful, it gives an opportunity to discuss anything that has happened and how we want to deal with it."

Relevant checks were completed on equipment and facilities as required. We saw a fire safety and internal risk assessments were completed on an annual basis. The deputy scheme manager explained, "The health and safety officer produces a report every year and advises us on any improvements that need to be made" and went on to say, "The maintenance team come and do a 'walk about' every three months and fix anything that we need. Fire safety equipment, emergency lighting and the fire alarm system were tested periodically. Portable appliance testing [PAT] was completed as required.

The registered provider ensured strong links had been developed with the local community. Local bus and taxi companies worked with the service to enable the people who used the service to develop their confidence and skills when using transport. Training was provided to the companies to develop the

knowledge of their employees to ensure people remained safe whilst out in the community.

A quality assurance system was in place that consisted of audits, checks and feedback. We saw regular auditing was undertaken in relation to health and safety, security, housekeeping, medication, care plans, resident finances, staff supervision and training. The deputy scheme manager told us, "We have not done the audits as often as we should have done but we discussed that at the last managers' meeting and are getting back on track. Having the new manager here will obviously help."

The service had links to best practice guidance. The deputy scheme manager explained, "Our rehabilitation officers work with the Royal National Institute for the Blind [RNIB] so we get up to date guidance and constantly review how we work." The registered provider's vision was stated on their website, 'to enable people with sight loss and people with other disabilities to build the skills and independence they need, to achieve the future they want'.

The manager of the service confirmed they were aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the CQC as required.