

Henshaws Society for Blind People

Henshaws Society for Blind People - 12 Church Avenue Harrogate

Inspection report

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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 11 October 2018. We told the service we were visiting because we wanted to be sure people could be available to speak with us.

Henshaws Society for Blind People - 12 Church Avenue Harrogate is a care home. People in care homes receive accommodation and personal care as single package under contractual agreements. Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to six people with a learning disability, some of who also have a sensory impairment. Six people were using the service at the time of inspection.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 received their medicines safely and were supported to self-medicate when possible. Appropriate systems were in place to order, store and administer medicines safely.

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

Staff had completed training and received on-going mentoring and support which enabled them to meet people's needs 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.

Care records were well maintained and reflected people's care and support needs. People were encouraged to express their views about the care and support they received. They were involved in the initial assessment of their needs and the on-going planning of their care and involvement with healthcare professionals. People told us staff treated them with dignity and respect and we observed staff were kind and patient.

People followed a range of diverse interests and pursuits of their choosing.

A complaints policy was in place and this was available in audio format to ensure it was accessible for the people who used the service.

Staff told us the manager was approachable and supportive. Management systems were in place for checking the quality of the service and these continued to be developed to ensure the delivery of the service was improved year on year. Notifications were submitted to the CQC as required.

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 has improved to good.	Good ●

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 checked whether the 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 on 3 and 11 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure people would be in. The inspection team consisted of one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service as part of our inspection including notifications from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send the Care Quality Commission (CQC). We contacted the local authority commissioning and safeguarding teams for their views. We used this information to plan our inspection.

We spoke with four people who used the service, the manager, director of housing and support and four support workers. We reviewed a range of records about people's care and how the home was managed. We looked at care records and associated medicine records for three people, recruitment and training records for two staff, meeting minutes, maintenance records and quality assurance audits.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People who used the service told us they were happy living at 12 Church Avenue and they spoke positively about the staff who supported them. Systems in place continued to ensure people's safety around safeguarding measures, risk management, staffing levels, recruitment of staff, management of medicines and infection control and prevention practices.

Staff demonstrated a good understanding about safeguarding issues and the local authority confirmed staff reported issues so they could be investigated in a timely manner. Staff understood and managed the risks around people's needs to reduce the potential risk of harm.

Staff recruitment files evidenced that robust procedures were followed to hire suitable staff for providing care and support. Staff recruitment files showed appropriate checks were carried out before staff worked for the service. The manager told us they were reviewing how staff were deployed so they could ensure staffing continued to be flexible and meet people's needs and choices.

Staff followed best practice guidelines on how to order, store and administer medicines safely. Medicines were stored in a locked cabinet in the office and Medication Administration Records [MARs] were completed to ensure medicines were taken as prescribed. People could manage their own medicine if they wished following an assessment of their abilities and support needs.

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. This helped to ensure that there was a learning culture within the service and action was taken to protect people from avoidable harm. Staff also followed safe infection control and prevention guidelines.

Plans were in place to deal with emergencies. Staff and people who used the service received regular fire awareness training and fire drills were held. Personal Emergency Evacuation Plans [PEEPs] contained details about people's individual abilities and described the support they needed to evacuate the building in an emergency.

Routine maintenance checks were completed on a regular basis and issues and shortfalls were addressed in a timely way.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People told us staff were understanding and were skilled in supporting them. People's needs were assessed and staff received the training, support and development they needed to fulfil their roles effectively.

Assessments included details on personal care people required and their social, medical and dietary needs. People's needs were clearly documented and discussed with people so staff knew what support they required.

Staff told us they received appropriate training and they were positive about the support they received from the new manager. Records confirmed staff attended training relevant to people's needs. The manager told us they had made staff supervision a priority since taking up their post and staff told us they received supervision and appraisal.

People told us they accessed a range of community health services to have their healthcare needs met. Care records showed people had input from a range of different health professionals. For example, GPs, dentists and community learning disability services. People also accessed support and advice from the organisation's specialist team to maintain and enhance their skills. People using the service were relatively independent and staff supported people to plan their menus, to go shopping and prepare meals. Some people visited the shops independently and made use of the support services provided in store to shop. Care records included nutrition care plans and these identified requirements such as the need for any dietary requirements or allergies.

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 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found the manager and staff were knowledgeable about the legislation and people's records clearly detailed their capacity and ability to make decisions independently. Throughout our inspection we saw staff sought consent from people as tasks needed to be done. For example, when helping people with their health care and social activities.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

The feedback from people who used the service and staff was positive. People told us staff were thoughtful and kind and said staff helped them. During our inspection we observed positive interactions while people chatted about their day and joked with staff.

People looked to be at ease and comfortable with staff. There was a relaxed, cheerful atmosphere throughout our inspection. People helped staff prepare drinks and spent time talking and relaxing with each other in the kitchen. Staff appeared to have a good relationship with people and helped them to engage in conversation with us. We saw staff acted quickly to support people to avoid them becoming worried or upset and helped to calm them. For example, when we visited one person felt unwell and a staff member stepped in to assist them with their shopping so they didn't need to worry unduly.

Staff demonstrated a respectful approach to upholding people's diverse needs, opinions and choices. Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as individuals. As mentioned before the specialist team also provided guidance on how to support people to achieve their individual goals and maintain and develop their levels of independence.

People's care records included details about their life history and staff were knowledgeable about the people they supported. The community learning disability team had also provided support to enable staff to consider people's responses in the context of their individual background and life story.

People were kept informed about advocacy services available to them. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People told us they were involved with the planning and on-going development of their care and support needs. They told us they were always involved in decisions about holidays, menus and planning programmes and activities. People told us that staff were flexible and supported them to follow interests and pursuits of their choosing. They said they had the opportunity to try new things but there was no pressure on them to take part if they chose not to do so. For example, one person used to enjoy bicycle riding but had decided they no longer wanted to take part and staff respected this wish.

People's care plans were person-centred and contained detailed information and guidance for staff about meeting people's needs. Care plans included a 'this is me' document which described people's likes and dislikes. They also contained risk assessments to show how risk was reduced. For example, for people mobilising in the community independently or spending time on their own. Health action plans were completed so hospital staff had the necessary information to provide safe care and treatment in a way that met the person's care preferences.

Care plans contained people's preferred communication needs and we saw key information such as the complaints procedure was produced in audio for people to understand. People were engaged in a wide range of social activities and work opportunities including job work skills at Paperworks in Harrogate, arts and crafts and cooking. People told us they had plenty to do in their leisure time and one person visited a community social group weekly as well as spending time with friends catching up on sport and listening to the radio.

There was a complaints policy in place, which detailed the action the provider would take in response to a complaint. People told us they knew who to speak with if they had any worries or were upset. The policy was also available in audio format so it was accessible to the people who used the service. People told us they were asked at their weekly meeting and care reviews if they had any complaints. A record of complaints was maintained and we saw no complaints had been received since the last inspection.

We saw leaflets were displayed to explain to people about dying and bereavement. We noted for one person the death of a significant person in their lives and the effect of this was not fully reflected in their records. The manager told us this subject would also be discussed with people as part of their reviews.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was not consistently well-led and awarded a rating of requires improvement. At this inspection, we found the service was well-led.

At the time of our inspection a new manager was in post. The manager had applied to be registered with CQC. 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.

The manager understood their role and responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the CQC as required. They had a good understanding of their role and knew what they needed to do to promote a person-centred culture.

People who used the service and staff told us the service was well-led and they liked the new manager. Everyone we spoke with told us their views were considered and they felt involved in developing the service. Meetings were used to discuss things such as developing agreed rules, promote safety awareness and discuss future activities.

The director of housing and support told us quality assurance and monitoring systems continued to be developed to ensure the delivery of the service was improved year on year. They said quality audits were completed on a regular basis. The report we saw was very thorough and detailed. Management systems were in place to report any shortfalls to the relevant department for action. For example, regarding maintenance issues.

People living at Henshaws Society for Blind People - 12 Church Avenue Harrogate had developed strong links in the community. People used local transport and accessed community facilities independently or with minimal staff support. They received additional support and help from staff from the organisation's specialist team who made sure staff had up to date guidance and advice on how they worked.