

Henshaws Society for Blind People

Henshaws Society for Blind People - 61 Kings Road 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

About the service: Henshaws Society for Blind People - 61 Kings Road Harrogate provides accommodation and personal care for five people who have learning disabilities or autism together with an additional sensory impairment. The service was providing care and support to four people at the time of the inspection.

People's experience of using this service: The service met the values that underpin the Registering the Right Support and other best practice guidance such as Building the Right Support. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 encouraged people to be as independent as possible and ensure their safety. People were encouraged to identify goals to maximise their independence, build confidence and lead fulfilling lives.

Staff had a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were handled safely and people were supported to receive their medicines as prescribed.

People's care and support was developed in consultation with them and their relatives were involved, when appropriate. Care plans included guidance for staff to provide care and support in a way people preferred. People spoke positively about staff and felt they provided them with consistent care and support.

Effective management systems were in place to safeguard people and promote their wellbeing.

There was a new registered manager. The registered manager and staff were described as supportive and approachable. They were keen to make improvements to ensure people continued to receive high quality, individualised care and worked closely with other agencies and healthcare professionals to do this.

A full description of our findings can be found in the sections below.

Rating at last inspection: Good (report from last comprehensive inspection published 23 June 2016).

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection and to follow up on our findings of a focused inspection undertaken in June 2017.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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.

Inspection team: This inspection was carried out by one 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.

Service and service type: Henshaws Society for Blind People - 61 Kings Road Harrogate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who registered with CQC on 19 December 2018. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service five days' notice of the inspection visit because it is small and we needed to be sure that people would be in.

What we did: We reviewed information we held about the service such as incidents the provider must notify us about. We obtained information from the local authority commissioners and safeguarding team. We

assessed the information we ask providers to send us at least once a year. This gives us some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with three people who used the service, the registered manager, interim head of care and four members of staff. We looked at care records and associated medicine records for two people. We reviewed records relating to the running of the service including quality monitoring records, and records of checks carried out on the premises and equipment. We spoke with two relatives by telephone to gain their views.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People told us they felt safe with the staff who supported them. One person told us, "I do feel safe living here. Staff are alright and I can talk to them if I need to." A family member commented, "[Name] is incredibly safe at Kings Road; they wouldn't be there otherwise."
- Staff had received safeguarding training and were confident about how to report safeguarding concerns.
- The registered manager kept records of safeguarding incidents and the action taken to minimise future occurrences.

Assessing risk, safety monitoring and management

- Risks associated with sight loss or disability were well managed. The provider's therapy, educational and sensory support team devised appropriate guidance to maintain and promote people's independence whilst also keeping them safe.
- The registered manager had begun to develop systems to ensure people's changing needs were kept under review and care plans were updated in a timely way.
- Staff met with people to explore ways to support them to achieve their goals and lead fulfilled lives. For example, staff supported people to do their own laundry to develop their skills and independence. One person told us they liked to go into town shopping and knew staff were there to support them.

Staffing levels

- Appropriate recruitment policies and procedures were in place and management followed these to ensure only suitable staff were employed.
- The new registered manager had a good understanding of safer recruitment principles; for example, pre-employment checks were completed before staff started work. The registered manager told us they would like to involve people in the recruitment process to make sure staff recruited met their needs and choices.
- Enough suitably trained and experienced staff were on shift to meet people's individual needs and support them with their chosen activities.

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- Staff supported people to take their medicines as prescribed. A relative told us, "Agency staff may have occasionally made a mistake, but it's always been sorted out. The regular staff are very good."
- Staff followed relevant guidance when administering medicines that were given 'as required' (PRN). Staff knew people well and understood when PRN medicines were needed.

Preventing and controlling infection

- Although staff received training around the prevention and control of infection we identified the bathroom

needed upgrading and refreshing; cleaning mops were not being stored correctly.

We recommend the provider reviews best practice guidance and information about good infection prevention and control.

- Staff used personal protective equipment where required.

Learning lessons when things go wrong

- The registered manager was aware of their responsibility to maintain appropriate records of incident or accidents. They had plans in place to review records regularly to identify any patterns or trends so that lessons could be learnt if things went wrong.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were detailed and included people's needs and choices.
- Staff considered people's culture, race, religion and communications needs. Assessments contained information specific to each person.
- Staff provided people with appropriate support to achieve their goals and aspirations whilst ensuring their needs were met.
- Staff worked closely with other health and social care professionals to complete assessments; this helped to ensure they could provide the right support and improve people's quality of life.

Staff skills, knowledge and experience

- The provider supported staff to gain the appropriate skills, competence and knowledge to ensure quality care. Staff told us they received appropriate training to provide them with the skills and knowledge they needed. One said, "I've been here over ten years and I love the job, there is always training offered in areas where we may need it."
- Newly recruited staff completed a comprehensive induction and shadowed more experienced staff.
- Staff felt the new registered manager was approachable and supported them in their role through training and supervision.
- People told us staff knew them and met their needs effectively. A relative told us, "The staff are excellent. Keen, progressive and they have [Name's] interests at heart."

Supporting people to eat and drink enough with choice in a balanced diet

- People had access to healthy, nutritious and enjoyable meals and snacks. Staff encouraged people to eat well and lead a healthy life; they had developed a plan with one person around healthy eating and fitness. This was having a positive effect as the person wanted to lose weight. They said, "The food here is really nice. I do like to eat healthily as I want to start horse riding again."
- People were supported and encouraged to participate in the preparation of meals to develop and maintain independence.

Staff providing consistent, effective, timely care within and across organisations

- People were positive about the staff who supported them and they could access a wide range of services.
- Staff made appropriate referrals for example to the provider's therapy, educational and sensory support team to promote people's independence.

Adapting service, design, decoration to meet people's needs

- People mobilised independently around the service; adaptations had been made to help people with sight

loss to make their own drinks and launder their clothes independently.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and staff sought support when needed to enhance people's health and wellbeing; information was shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- People's capacity was assessed; staff involved people to maintain maximum choice and control of their lives and staff supported this practice.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were enthusiastic about staff and said they were kind. One told us, "Staff are alright; [Name] is an angel and is teaching me how to communicate on iPad."
- People were observed to be comfortable with staff and at ease with them.
- People were keen to tell us how they spent their time and how happy they were. We received feedback from relatives, which confirmed staff had developed caring relationships. One told us, "I do think the staff are a caring team."
- Staff were knowledgeable about the people they supported. They knew their likes and dislikes and what appointments and activities they had in place for the week. Staff used this information to engage people in meaningful conversations. One person told us staff took them to attend events they were interested in, they had supported them to go on holiday.

Supporting people to express their views and be involved in making decisions about their care

- People and those close to them were actively involved in decisions about their care. Staff were observed to ask people for consent before supporting them and clearly explained to people what they wanted to do and why.
- Staff were keen to offer people opportunities to spend time as they chose and supported them to have freedom and control over their lives. People told us they could do what they wanted and were supported to achieve this.
- Staff recognised that people should have access to advocacy and other support networks to ensure their choices and decisions were understood.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Relatives confirmed this. One said, "They [Staff] are respectful and [Name's] dignity is very important to all the staff team."
- Staff supported people to maintain and promote independence. For example, they supported people to attend GP and other healthcare appointments and to go shopping independently. A relative told us staff had put plans in place to support one person to mobilise around a new environment. They said, "[Name] was worried about the stairs when they first moved in but they have done very well and can find their way around the house now."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's likes, dislikes and preferences and used this detail to plan people's care and support.
- The registered manager told us people received person-centred care and support. Feedback we received supported this view.
- People could make choices. Staff encouraged them to be actively involved in the development of their care and support plans. Relatives were involved where they chose to be and when people wanted that. One said, "They absolutely know [Name] inside and out. There have never been any restrictions on our visiting, but we are sensible about it, we avoid meal times and going too late."
- Care plans contained personalised information with clear guidance for staff to support people in all aspects of their lives. For example, staff encouraged people to undertake tasks to develop their skills and build their confidence.
- People's needs, choices and preferences were reviewed to ensure any changing needs were identified and met.
- Staff supported people to participate in hobbies or activities of their choice. One person told us, "I am going to Arts and Crafts soon. I like to chat to the other people who live here, we get along quite well."
- People told us activities had an impact on their quality of life; one told us about their wish to go horse riding. Staff had supported them to find out what they needed to do so they could take part in their chosen activity. They were pleased to be able to tell us they were well on their way to achieving their identified goal.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were upset or had any worries.
- Information about how to make a complaint was displayed in the service and was available in an accessible format such as braille or audio. People were confident that any complaints they made would be listened to and acted upon.
- The registered manager told us they were open to any feedback including concerns and complaints; they expected to use these as an opportunity to improve the service as they became established in post.

End of life care and support

- The registered manager understood how to support people who were experiencing adverse events affecting friends and family, for example death and grief.
- Staff were aware of good practice and guidance in end of life care. They knew to respect people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff provided people with person-centred care. People's physical, spiritual and social aspects were considered and met.
- The provider promoted a caring culture. Staff knew people well and put the provider's values into practice.
- There was a new manager in post. The registered manager had a clear vision to motivate staff and promote high levels of satisfaction. Staff were proud to work for the service and spoke positively about the registered manager and the people who lived in the service.
- People who used the service and relatives were positive about the registered manager and staff team. One person told us, "[Name of registered manager] is very easy to talk to and she is a good manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective management systems were in place and the registered manager used these to provide an oversight of what was happening in the service. When asked questions the registered manager demonstrated a good knowledge in all areas.
- Relatives told us the staff team was knowledgeable and the service operated effectively. Comments we received included, "I think it is a well-managed home," and, "We are incredibly lucky that [Name] is at Kings Road; the way they are looked after there is brilliant."

Engaging and involving people using the service, the public and staff

- People could voice their opinions and staff responded to comments put forward. The provider had developed accessible ways to do this through care review meetings, regular surveys and other meetings held with people and their relatives. A relative told us, "I've completed questionnaires about [Name's] care and we have yearly reviews."
- Relatives told us staff were in regular contact with them and they felt they could discuss any issues openly. Comments we received included, "My overall impression is that everything is very positive," and, "Staff value our input."

Continuous learning and improving care

- The registered manager was keen to look at ways to improve the service and the support they provided. This included regular reviews of people's care records and incidents and accidents to adapt the support provided and reduce the likelihood of further incidents occurring.
- Quality assurance systems were in place and the registered manager used these to monitor key aspects of

the service such as care and support plans. The provider undertook additional monitoring visits monthly although these had not been effective in picking up some areas of maintenance that we identified.

Working in partnership with others

Staff worked closely with other partner agencies and community groups to achieve good outcomes for people. For example, staff supported people to attend external workshops and activities of their choosing.