

Review of compliance

Henshaws Society for Blind People
Henshaws Society for Blind People - 12 Church
Avenue Harrogate

Region:	Yorkshire & Humberside
Location address:	12 Church Avenue Harrogate North Yorkshire HG1 4HE
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	12 Church Avenue is registered to provide accommodation and personal care for six people who have a learning disability and an additional sensory impairment. The house is situated within walking distance of Harrogate town centre and there are local amenities close by in Bilton. It is a large three storey semi-detached house with a

	small garden to the front and rear. The registered provider is Henshaws Society for Blind People.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Henshaws Society for Blind People - 12 Church Avenue Harrogate was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We talked with five people who were in at the time when we visited the home. People we spoke with told us about the care they received and what it was like living at the home. People told us that they were well looked after and that they were happy with the care they received. Comments made to us during this review included "Everything is fine here" and "Yes it still ok living here."

We spoke with people about meals at the home. They told us that the food was good as everyone living at 12 Church Avenue continue to cook their own meals with support from staff. People we spoke with told us that they receive the necessary support from staff when they need it.

Everyone we spoke with said that if they were upset or had a complaint they would speak to the manager of the home.

We spoke with the Local Authority Contracts Officer who informed us that they did not have any concerns about this service.

What we found about the standards we reviewed and how well Henshaws Society for Blind People - 12 Church Avenue Harrogate was meeting them

Outcome 02: Before people are given any examination, care, treatment or support,

they should be asked if they agree to it

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider was meeting this standard.

Outcome 17: People should have their complaints listened to and acted on properly

There was an effective complaints system available. Comments and complaints people made were responded to appropriately. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People told us that they were always involved with the planning and delivery of the care that they receive. People confirmed that they had agreed and signed their care plans. One person said "Everything is fine here."

Other evidence

We looked at three people's care plans to see how they were involved and how their consent to their care was being obtained. Care plans that we saw had all been agreed and were signed by people living at the home. For those people who lacked capacity to make decisions about their care, systems to protect them were in place to ensure people's best interests were always met.

People's views were sought about the home wherever possible. People we spoke with told us that they were asked at service user meetings and in questionnaires for their views. Records we looked at confirmed this.

Our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with told us that they received good care. Comments made to us included "Yes it still ok living here." One person said "They (staff) do a good job."

Other evidence

During our visit the care of three people was looked at in detail. Each person had an assessment of care needs and a plan of care on file which covered all required areas. The organisation calls these Individual Service Plans (ISPs). We saw that care plans emphasised people's capacity and improvement to ensure they were treated in a way which maximised their independence. Each area of the care plan included a section on people's daily routine which was very detailed and outcome focused and included many details of people's preferences. Care plans were written in the first person such as 'All about me, how I like to be supported, my morning routine', and so on. All the necessary care assessments and monitoring of people's care was being done. Records such as risk assessments, health assessments and health action plan as well as mental capacity risk assessments had been completed. Files had separate notes for health care professional visits and comments. Staff made notes about care being provided at regular intervals throughout the day which contained relevant detail. Care plans were regularly reviewed by individual people's key workers and did take into account some people's changing needs. Care plans seen had been audited regularly by the person's key worker then monthly by the manager of the home.

We observed people being supported during the morning before they went out to participate in various activities. We observed people actively engaging with the care

staff who were on duty. People were comfortable in the presence of the care staff and we observed some friendly and light hearted banter. The overall atmosphere was calm and relaxed.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Our judgement

People experienced care and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

Some people told us they administered their own medication, whilst other people received assistance from staff with their medication.

Other evidence

We looked at the home's medication system during our visit. The home has a monitored dosage system in place that enables some people to manage their own medication safely. We saw that medication was stored securely. We saw that medication had been taken by everyone who needed this in the morning. Medicines were prescribed and were taken by people appropriately. We looked at the medication administration record (MAR). This showed us that people who manage their own medication had been given them. For those people unable to do this staff assisted with their medication. Staff who had the responsibility for medication had signed people's records to say that this had been given. There were no gaps or errors on the MAR sheets.

The home carries out regularly audits of the medication system to ensure that people received their medication appropriately.

Our judgement

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People we spoke with during our visit all made positive comments about the staff at the home. They described them as 'really nice' and 'very helpful' one person said "They do a good job." Another person said "The staff are very good."

Other evidence

We visited the organisations Human Resources office based on campus at Henshaws College. This was so that we could look at the recruitment records of staff working at the home. We looked at the recruitment records of two staff. These confirmed that appropriate checks were undertaken before staff began work. We were also given a copy of the training plan for both members of staff. This showed what training had been completed by staff and what further training they were planning to attend.

We did not look at staff records held in the home as the manager was unavailable. The manager provided us with evidence following the inspection and was able to demonstrate that staff at the home received regular supervision.

However we did speak with two staff during our visit. Staff we spoke with confirmed that they received regular training from the organisation and that they received regular supervision from their line manager. One member of staff told us "The training at Henshaws is very good. I have just recently done the medication refresher training." Another said "The manager here is really supportive and involves the staff team in everything."

Our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.
The provider was meeting this standard.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People we spoke to told us that if they had any concerns they would speak to a member of staff or the manager. People made comments such as "If any of us had a complaint we would speak to the manager of the home."

Other evidence

People were made aware of the complaints system. Information on how to complain was on display on a notice board in the home. We saw the complaints procedure was written in large print and a clear plastic wallet contained the complaints procedure on a CD disc. This makes sure that people were made aware of the complaints system which was provided in a format that met their needs.

We reviewed the complaints records which showed us people's complaints were fully investigated and resolved where possible to their satisfaction.

People's views were sought about the home wherever possible. People we spoke with told us that they are asked at house meetings and in questionnaires about their views. This is important to make sure people are given an opportunity to air their views of the service and that their concerns are listened to and acted upon.

Our judgement

There was an effective complaints system available. Comments and complaints people made were responded to appropriately. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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