

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Henshaws Society for Blind People - 12 Church Avenue Harrogate

12 Church Avenue, Harrogate, HG1 4HE

Tel: 01423531386

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Henshaws Society for Blind People
Registered Manager	Mr. Iain Houston
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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and used information from local Healthwatch to inform our inspection.

What people told us and what we found

We spoke with three people who lived at the home. Everyone told us they were extremely satisfied with the care they received. People told us that they were treated with respect and were able to make choices and decisions about their care. One person told us "I love it here. I would not change anything."

We saw from people's care plans that people were supported to live as independently as possible. The home had carried out a sufficient assessment of the needs of each person, and kept this under review, to enable appropriate care and support to be given.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The staff we spoke with had received training in safeguarding adults and said that they would tell the manager if they saw or heard anything inappropriate.

Records we looked at also confirmed that staff received good training in areas such as autism awareness, emergency first aid and safeguarding adults. Staff we spoke with told us that they received good support from the manager and they continued to receive good training from the organisation.

There were a range of effective quality management systems in place to assess and monitor the quality of service that people received. People living at the home said that they were able to express their views and opinions and would raise concerns if they had them.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People we spoke with told us that they were able to make choices and decisions in all aspects of their daily lives. People told us that they had complete freedom of choice regarding such matters as bed times, when to get up, and what community based activities they participated in. One person said "It is good fun being here" another person said "It is good living here in this house."

We spoke with the manager during our visit who told us that they involved people wherever they could during their assessments and care planning to find out how people would like to be supported with their care. We were told that they included people's individual wishes and choices in all the care that they gave. The manager gave examples of how they made sure they accommodated people's choices and arranged care in the way that the individual wanted. We saw evidence of this in the care records we looked at as there had recently been a new admission into the home. We saw that there had been involvement of relatives, care managers and advocates acting in people's best interest, especially where people had complex care needs.

We were able to observe how staff supported people living at the home, whilst allowing them to make their own choices for their daily life. Staff were observed approaching them in a friendly manner. We saw staff helping them to make choices about what they wanted to do and how they wanted to spend their time. We saw people being treated with dignity and their rights were being respected, which was confirmed in the discussions we had with them.

We looked at three people's care plans, including one new admission, to see how the home involved and included people in how they consented to their care. People told us that they were treated with respect and were able to make choices and decisions about their care. Records showed that the people were involved in all aspects of making decisions about their care. We found systems in place to protect them to ensure their best

interests were always met.

People's diversity, values and human rights were respected.

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

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we were able to observe people living at the home being supported. Care and support was appropriately provided by staff and we saw they were receiving the care and support they needed to maintain their wellbeing. People were comfortable in the presence of the care staff and the overall atmosphere was calm and relaxed. We observed that care and treatment was planned and delivered in a way that ensured people's safety and welfare. When we spoke to people living at the home they told us that they were very satisfied with the overall care and treatment they received. One person said "I am well cared for" another said "We are well looked after. The staff are very good."

We looked at three care plans in detail. An assessment of care needs and a plan of care was in their file and these covered all required areas. The organisation calls these Individual Service Plans (ISPs). Each area of the care plan included a section on the person's daily routine which was very detailed, outcome focused and included many details of their preferences. The care plans had been 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 the person's care was being completed. Records such as risk assessments, health assessments and health action plans had been completed. Files had separate notes for health care professional visits and their comments. Daily records were kept to enable staff coming on shift to identify any issues they needed to know about, such as any changes to people's health or how their care was to be met by staff. This meant that care plans contained sufficient information to enable new staff to know what care and level of support a person required.

We were informed by the home's manager that a new format of care planning was being introduced throughout the organisation's community houses. We looked at one of these new care plans as this had been completed for a recent new admission into the home. The organisation calls this system the 'Star System.' The care plan we looked at covered all aspects of daily living for that person and reflected what support was needed to promote their independence, and what progress had been made. The care plan covered areas such as food and nutrition and included a life history 'This is me.'

The care plans we saw had been regularly reviewed. This helped to ensure that people's changing care needs were continually met. All the care plans seen had been audited

regularly by the person's key worker, then monthly by the manager of the home.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us that they knew how to complain if they needed to and found the staff at the home approachable and open to comments about the service. People we spoke with told us they always felt safe.

The home had policies and procedures in place for safeguarding vulnerable adults. Staff were aware of whistle blowing and safeguarding procedures, and knew what to do in the event of abuse being suspected. Staff we spoke with told us that they had recently been given refresher training in safeguarding.

We could see from the care files looked at that risk assessments were being completed so that risks to people could be identified and minimised.

We were given a copy of the training matrix for the staff at the home when we visited the organisations Human Resources office. We also looked at two support staff files when we visited the home. These showed that staff had received training in safeguarding adults and child protection.

We spoke with one member of staff during our visit. They were familiar with safeguarding and whistle blowing procedures. They were able to describe what action they would take in the event of a safeguarding matter coming to their attention. We saw that staff had received safeguarding training and refresher training in this.

This helped to make sure that the people supported by staff working at the home were protected from harm wherever possible.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The people we spoke with were positive about the staff. We received the following comments "The staff are alright" and "The staff are all very good here."

We spoke to one member of staff, who told us they continued to receive good training from the organisation, covering subjects such as emergency first aid, safeguarding and autism awareness. We visited the organisation's Human Resources office based on campus at Henshaws College. This was so that we could look at the training records of staff working at the home.

We were given a copy of the training matrix for the three support staff whose files we looked at. This detailed the training which had been completed by staff and what further training they were planning to attend.

We spoke with the manager of the home who confirmed that training was ongoing for the staff team. They told us that various training was available such as fire safety, safeguarding adults, moving and handling and health and safety. Records we looked at confirmed this. The manager was to attend Equality and Diversity training the day of our visit.

Staff said they felt well supported within the workplace, and were able to raise concerns straightaway. Comments included "We have a really good team here at Church Avenue. The communication between the team is really good, as we are all on the same wavelength. We are well supported by the manager of the home and senior staff from the organisation."

We looked at two staff files and saw that staff had received regular supervision. This meant that staff were sufficiently supported to enable them to deliver care and treatment to an appropriate standard.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Everyone we spoke with told us they were happy with the home. Comments included "I would recommend living here, I am well cared for." Another said "I am quite happy here" and "I am very happy living here." Everyone we spoke with knew who to speak to if they had a complaint or were concerned about something. People we spoke with and staff we interviewed told us that they felt confident in taking any concerns to the management team.

During our visit to the home we looked at the quality monitoring systems the home had in place. The member of staff in charge of the home told us that a compliance audit is carried out by other managers within the organisation. Regular meetings are also held between all of the organisations house managers. They also told us that the organisations Community Services Manager often carried out visits, records of these visits were held. Regular house meetings for people living at the home were being held and surveys were sent to discuss people's views and any issues they had. We saw evidence of this the day we visited. The last house meeting was held on the 8th April 2014. Surveys had last been completed in August 2012.

Staff working at the home were also consulted as there was evidence of staff meetings taking place. The last staff meeting was held on the 16th May 2013. This allowed staff the opportunity to suggest ways that the service could be developed or improved.

The home had good, effective quality monitoring systems in place. Daily and weekly checks were carried out by staff at the home to ensure that equipment used was in good working order. Regular audits had been carried out by the manager. We saw that all accidents were recorded and that the accident book was maintained in line with requirements of data protection. All of the records seen, including risk assessments and the servicing of fire equipment, were up to date and accurately maintained. This helped to ensure the health, safety and welfare of people living and working at the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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