

Henshaws Society for Blind People

Henshaws Society for Blind People - 61 Kings Road Harrogate

Inspection report

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28 June 2017

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 March 2016. We gave the service a rating of 'Good'. However, we found the provider was in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems and management of the home was not effective in identifying and implementing improvements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Henshaws Society for Blind People - 61 Kings Road Harrogate on our website at www.cqc.org.uk.

At this inspection, we found improvements had been made to management systems to monitor, assess and improve the quality of care provided. This meant the provider was no longer in breach of the regulation.

Henshaws Society for Blind People - 61 Kings Road is registered to provide accommodation and personal care for five people who have learning disabilities who may have an additional sensory impairment. There were four people using the service at the time of our inspection.

Since our last inspection the provider had appointed a manager who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

We received positive feedback and, from our observations, staff were kind and attentive and they offered care promptly when needed.

Staff were encouraged to share ideas on the development of the service. Meetings were held regularly and comments were listened to and implemented to improve the service.

Overall we found that the arrangements for quality assurance and leadership within the service had improved. A range of audits were completed and identified action was taken to make continuous improvements to the service.

We did not improve the rating for well-led from 'requires improvement', because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was well led.

We found that action had been taken to improve quality assurance systems and further planned changes were in progress.

The previously identified breach in regulation was now met. We saw improvements had been made to record keeping. Audits were completed regularly in line with the provider's policy.

We did not improve the rating for well-led from 'requires improvement', because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Henshaws Society for Blind People - 61 Kings Road 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 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.

We undertook a focused inspection of Henshaws Society for Blind People - 61 Kings Road Harrogate on 28 June 2017. This inspection was to check that improvements to meet legal requirements, planned by the provider after our comprehensive inspection on 15 March 2016, had been made. The team inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

We gave the registered manager 48 hours' notice of the inspection because the service is small and we needed to be sure that people would be in. The inspection team was made up of one adult social care 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.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues. We contacted the local authority to gain their feedback about the service. We used this information to plan our inspection.

During the inspection, we spoke with the registered manager and three support workers. We spoke with two people who used the service and reviewed their care records and associated medicine records. We reviewed records relating to the management of the service including provider compliance audits, staff meeting

minutes, training records and daily communication records.

Is the service well-led?

Our findings

At the last inspection on 15 March 2016 the service did not have a registered manager. A manager was in place who had not yet registered with the Care Quality Commission (CQC). We identified that the provider quality assurance system was not being used effectively and some audits were overdue. Audits that had been completed had not always picked up on those issues we had identified, such as gaps in recording and missing documents. Risk assessment documentation was not always up to date or well organised, which made it confusing and difficult to ascertain the most up to date risk assessment. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The provider had displayed their CQC rating at their premises and on their website as they were legally required to do. The service had a registered manager who was registered on 23 September 2016. They knew the people who used the service and the staff team well and demonstrated a clear understanding about the needs of the service. The manager had developed an action plan, which contained detailed information about the actions taken to address our concerns, together with clear timescales and the person responsible for making further improvements.

During our inspection the manager gave a detailed account of the work the staff team had undertaken to make the required improvements. Although these were at an early stage of development the manager had introduced more audit systems, which we had identified as concerns at the last inspection. Audits had been completed regularly in line with the provider's own policy. Staff completing the audits had picked up on issues, which had been identified as a concern at the previous inspection and we saw that action had been taken to address shortfalls. In addition, the provider had advertised a new management role with specific responsibility and focus on quality assurance within the organisation. Other recent appointments included a training co-ordinator and health and safety manager. This showed a commitment to making the identified improvements and to ensuring people received a good standard of care.

The manager had regular monthly meetings with the staff team. We reviewed the meeting minutes and could see staff had been told about the required improvements as a result of our inspection on 15 March 2016 and were encouraged to make suggestions about how things could be improved. For example, the manager showed us a schedule of health and safety checks one member of staff had suggested to ensure health and safety checks were completed in a timely way. The manager told us they were looking to introduce 'champions' to take the lead on key areas across the service. This demonstrated that the staff were encouraged to take responsibility for improvements and to feel valued and involved in the development of the service.

We found that record keeping had improved. People's records were detailed, which meant we could track the care people had received and could be confident people's needs were met. During our inspection we observed key information about people's wellbeing was passed on to the manager and between staff for action.

An audit planner showed that audits had been conducted on a monthly basis to May 2017. Examples of the audits completed included health and safety checks, feedback from service users, complaints, and completion of records. This demonstrated a commitment to on-going quality assurance to ensure people received a good standard of care.

Policies and procedures were in place and these were based on up to date legislation and good practice guidance. The provider ensured staff had looked at the policies and we saw evidence staff had signed to say they had read and understood them. This meant the provider had ensured staff had access to up to date good practice guidance to support them to deliver good care.

We saw positive feedback from a community nurse regarding a positive behaviour plan for one person, which they stated was reaching the desired outcome to reduce incidents of anxiety. People told us they liked the staff and we observed that staff were kind and patient with people, included them in conversation and offered assistance promptly when needed.