Henshaws Society for Blind People

Henshaws Society for Blind People - 3 Red Admiral Court Gateshead

Inspection report

3, Red Admiral Court
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Gateshead
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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

Overall summary

This was an unannounced inspection carried out on 9 December 2015.

We last inspected Henshaws Society for Blind People-3, Red Admiral Court in September 2013. At that inspection we found the service was meeting all the legal requirements in force at the time.

Summary of findings

3, Red Admiral Court provides accommodation and personal care for up to six people with visual impairments, who may also have physical and learning disabilities. Nursing care is not provided.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission 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.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People told us they felt safe. They were relaxed and appeared comfortable with the staff who supported them. There were enough staff available to provide individual care and support to each person. People received their medicines in a safe and timely way.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

People who used the service had food and drink to meet their needs. People were assisted by staff to plan their menu, shop for the ingredients and cook their own food. Other people received meals that had been cooked by staff.

People were supported to maintain some control in their lives. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The records gave detailed instructions to staff to help people learn new skills and become more independent.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community.

Staff knew the people they were supporting well and we observed that care was provided with patience and kindness and people's privacy and dignity were respected.

A complaints procedure was available. People we spoke with said they knew how to complain but they hadn't needed to.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

Summary of findings

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.

Good

People were kept safe as systems were in place to ensure their safety and well-being at all times. People were supported to manage and receive their medicines in a safe way.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

People were supported to take acceptable risks such as to assist in the kitchen with meal preparation and help with domestic tasks.

There were enough staff employed to provide a supportive and reliable service to each person. They were appropriately checked before they started employment.

Is the service effective?
The service was effective.

Good

Staff had a good understanding and knowledge of people's care and support needs.

People's rights were protected because there was evidence of best interest decision making when decisions were made on behalf of people. This occurred when people were unable to give their own consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

People received appropriate health and social care as other professionals were involved to assist staff to make sure people's care and treatment needs were met.

Is the service caring?
The service was caring.

Good

People we spoke with said staff were kind and caring and they were complimentary about the care and support staff provided.

A range of information and support was provided to help promote people's independence and to be involved in daily decision making.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if the person had no family involvement. Advocates can represent the views of people who are not able express their wishes.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received support in the way they wanted and needed because staff had detailed guidance about how to deliver people's care.

People were supported to live a fulfilled life, to contribute and be part of the local community. They were encouraged to take part in new activities and widen their hobbies and interests.

People told us they knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service told us they were listened to.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The registered manager monitored the quality of the service and introduced any improvements to ensure that people received safe care that met their needs.

Henshaws Society for Blind People - 3 Red Admiral Court Gateshead

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 was 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send the Care Quality Commission (CQC) within required timescales. We contacted commissioners of services and the local safeguarding teams. We received no information of concern from these agencies.

This inspection took place on 9 December 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with three people who lived at 3, Red Admiral Court, the registered manager, three support workers and two relatives. We observed care and support in communal areas and looked in the kitchen, bathrooms, lavatories and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care plans for three people, the training and induction records for three staff, one person's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager had completed. We undertook general observations in communal areas and during a mealtime.

Good

Is the service safe?

Our findings

People who used the service said they felt safe. One person told us, "I feel safe here. It's a question the manager always asks me." Relative's also confirmed people were safe. Relatives commented included, "We think (Name) is safe, we've never heard a cross word or raised voice," "We're many miles away and feel quite confident (Name) is safe, although we visit regularly," "(Name) gets opportunities to try out all sorts of activities, which we might think are not safe, but you can't wrap people in cotton wool and we know the staff assess any risk to keep (Name) safe," and, "I think (Name) is safe, I've no complaints about the staff."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew the line of reporting in the organisation to report any worries they had. Staff told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. We were told no safeguarding alerts had been raised since the last inspection.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. These were also in place to help maximise people's independence and encouraged positive risk taking and at the same time kept people safe. They included for example, support with laundry, making a drink, cookery and kitchen skills. Each assessment had clear instructions for staff to follow to ensure that people remained safe. For example, a care record stated, "I have been assessed to use the microwave and toaster with a combination of verbal prompts and hand over hand support." Our discussions with staff confirmed that guidance was followed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. We were told four people were currently using the service and each person was supported by one member of staff during the day. We were told this number reduced after 4:00pm but staffing levels were flexible and if something was arranged extra staff would be made available to work. For example, an extra staff member was rostered to work the following evening to accompany a person to a concert.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Medicines were given as prescribed and at the correct time. A senior support worker told us medicines would be given outside of the normal medicines round time if the medicine was required. For example, for pain relief. We saw there was written guidance for the use of "when required" medicines, and when these should be administered to people who showed signs of agitation and distress.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this as it helped identify any trends and patterns and enabled them to take action to reduce the likelihood of them recurring. For example, with regard to distressed behaviour a person would be referred to the psychologist and behavioural team when a certain amount of incidents had occurred and a meeting would be held.

Staff had been recruited correctly as the necessary checks had been carried out before they began work in the home. We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Documents verifying identity were available on staff records. Copies of interview questions and notes were available to show how each staff member had been appointed.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as

Good

Is the service safe?

checking the fire alarms and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

Good

Is the service effective?

Our findings

Staff were positive about the opportunities for training to understand people's care and support needs. Staff comments included; "There's plenty of training," and, "I can say at supervision what training I think would be beneficial to us and (Name) the manager will find a relevant course." A relative commented, "I do think the staff are all well-trained."

Staff told us when they began work at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. They told us induction included visiting the head office to receive training about working with people with visual impairments. They learned about and tried out the range of specialist equipment that was available to help maintain and promote the independence of people with visual impairments.

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as, epilepsy, distressed behaviour, communication, Makaton (Sign language), visual impairment, individual care planning, Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) and a range of other courses.

Staff told us and their training files showed they received regular supervision from the registered manager, to discuss their work performance and training needs. One person said, "I have supervision every two months." Staff told us they were well supported to carry out their caring role. They said they had regular supervision to discuss the running of the service and their training needs. They said they could also approach the registered manager at any time to discuss any issues. They also said they received an annual appraisal to review their work performance.

Staff told us communication was effective. A staff member commented, "Communication is very good here. We work well as a team." We were told a handover session took place, to discuss people's needs when staff changed duty, at the beginning and end of each shift. A formal verbal exchange of information took place about all people to ensure staff were aware of the current state of health and well-being of each person. Staff told us the diary and communication book also provided them with information. Staff members' comments included, "We read up about what's been happening the night before when we come on duty," and, "If a staff member starts duty at 4:00pm we'll pass on information from the handover to keep them up to date with what's been happening."

CQC monitors the operation of the Mental Capacity Act 2005. This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA. They are safeguards put in place to protect people from having their liberty restricted without lawful reason. The registered manager told us one authorisation was in place from the local authority and applications were in process for other people who used the service.

Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions. Records contained information about the best interest decision making process, as required by the Mental Capacity Act. Best interest decision making is required to ensure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. Information was available to show if people had capacity to make decisions and to document people's level of comprehension. For example, a record stated for a recent decision with regard to a person's health care, "To undergo sedation under general anaesthetic to receive dental treatment as required and for blood to be taken for further information."

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. People received care to support them in activities of daily living. They required different levels of support. For example, we saw a staff member assisted a person to make a drink and another person helped with vegetable preparation for the evening meal. People we spoke with said they were supported to be involved in meal

Good

Is the service effective?

preparation. They were helped by staff to plan the weekly menu and shop for the food. We saw the evening meal was pork chops and vegetables. It looked appetising and was well-presented.

People identified as being at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Care plans for people's nutrition were in place. For example, one person's care plan stated, "I can locate all of my breakfast cereal and drink but I do require prompts." Risk assessments were in place to identify if the individual was at risk when they were eating or had specialist dietary requirements. For example, ""(Name) needs someone to sit with them at mealtimes. The food needs to be cut up into small pieces and add sauce or gravy to soften drier dishes."

Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any other professionals who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), dietician, speech and language therapist and other health professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. For example, psychiatrists and clinical staff from the behavioural team.

We saw a range of specialist equipment was available to help promote the independence of people with visual impairment. Equipment included 'trail rails' located on walls for people to be guided, a touch microwave, a talking kettle and talking scales, jugs and clocks. Staff told us the organisation employed their own rehabilitation officer who kept staff up to date with the range of specialist equipment that was available. A staff member commented, "The rehabilitation person brings us specialist equipment and keeps us up to-date." They visited the home regularly to review the equipment and to ensure the home was equipped with a range of equipment to help promote people's independence.

Good

Is the service caring?

Our findings

People who used the service and relatives were complimentary about the care and support provided. Relatives' comments included, "(Name) is full of life and seems to be very happy," "I think (Name) is happy," and, "See the enjoyment on (Name)'s face." A relative had commented in an NHS survey, "(Name) is very happy at Red Admiral Court, they are very well supported by caring staff, in a safe environment, but where (Name) can develop and enjoy new experiences, with a real self-determining lifestyle, this has boosted their confidence in everyday social situations enormously."

During the inspection there was a happy, relaxed and pleasant atmosphere in the service. Staff interacted well with people, joking with them and spending time with them. We observed two people as they were supported to make cupcakes in the kitchen. There was much humour and a good atmosphere as people talked good humouredly with staff. Staff were warm, kind, caring and respectful with people and people appeared comfortable with them. Staff were patient in their interactions and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's support plans which documented how people liked and needed their support from staff. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

Not all of the people were able to fully express their views verbally. Support plans provided detailed information to inform staff how a person communicated. For example, communication care plans stated, "Please make sure you have my attention before you ask me to do something," "I use the following objects to help reinforce what I am being asked to do, coins for shopping, laundry bag for laundry and small bottle of coke for drink," and, "Please use prompts with me using one or two key words and refer to my communication sheet to ensure consistency with words I understand."

Staff were very enthusiastic about 'Tacpac' a method of communication that had been devised by a speech and language therapist and a staff member to help a person who displayed distressed behaviour at times and had limited communication and interaction. With the help of the person's keyworker a sensory and sound pack had been developed with tactile objects of interest to the person and soothing music they liked to listen to. As the person felt the object and listened to music they relaxed and we were told they had started to communicate verbally and relax.

We saw a record of sessions that showed the progress the person had made as they were now starting to communicate verbally and interact with people and show when they were happy or sad. For example, "(Name) smiling, singing, relaxed and a lot of touching and observing," "(Name) was very relaxed and calm," and, "(Name) was smiling and singing and came very close to my face and relaxed." The sessions had also helped the person concentrate and become more independent and make progress in other areas of daily life. A record of 'wow' moments showed when the person had achieved something which they had previously not done or had been difficult for them. For example, "Person asked (Name) for a 'high five' (hand contact) so (Name) got up from their chair and 'high fived' them and then sat back down," "(Name) took their meal in a bowl to the microwave and turned it on to cook," and, "(Name) was sitting at the table and randomly started singing 'Silent Night' loud and clear."

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. One person's care plan stated, "The female staff know my preferred routine. Sometimes I need some help having all of my 'smellies' laid out so I know what is what." People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. For example, care plans for different people stated, "I can pick my own clothes and I'm getting quite good at dressing myself," and, "Staff advise me with my clothes because of the weather." We saw staff knocked on a person's door and waited for permission before they went into their room.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us people who did not have relatives to provide advice and support to them would be supported by an advocate. Advocates can represent the views for people who are not able to express their wishes.

Good

Is the service caring?

The registered manager told us of the situation where an advocate had become involved where a person needed to have additional support whilst making decisions about their care.

Good

Is the service responsive?

Our findings

People said they were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They all said they went out and spent time in the community. Comments from people included, "I go to choir at the Sage music centre," "I've done Christmas shopping," "I'm going for a walk to buy a new pair of trainers," "I like walking," "I like the sound of seagulls and ducks," "We have a 'takeaway' meal on Saturday night," "I've chosen where we're going for the Christmas meal," and, "I'm going to a 'gig' tomorrow night." Relatives also commented people were encouraged to try out new activities. Their comments included, "(Name) gets lots of opportunities and does things I never thought they would," "It's good (Name) gets the opportunity to volunteer and can give something back to the community, and, "(Name), sometimes enjoys going away, but doesn't always like the outdoor activities. Seems to like the activities we wouldn't expect."

We were told each person had a weekly meeting to plan activities they wished to take part in each week. The weekly plan showed activities for people included, attending the gym at the local Marriott hotel, swimming, visiting the library, cane skills (which involved a person touching their way around the environment with a cane), health walks, baking, cinema, 'Tacpac' and visiting the pub.

Family members told us they were kept informed and were invited to any meetings to discuss their relative's care. Their comments included, "We're involved in (Name)'s annual review to discuss how things are going," and, "Communication is excellent, I'm kept up to date with any changes, even if the day for their daily living skills programme is changed." Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. Most people had visitors and some people went to spend time at home. One person commented, "I'm going home for Christmas," and, "I keep in touch with my family." Another person's care plan said, "I like to go home and catch up with my family every other weekend."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort.

Records showed pre-admission information had been provided by relatives, education agencies and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, distressed behaviour, personal care, epilepsy, mobility and vision. For example, one person's care plan for vision stated, "I hold objects close and to the left side of me to look at them because I have better vision on that side." Another person's care plan for distressed behaviour said, "I cannot tell you how I feel or what is upsetting me. I will be upset if staff do not inform me of kerbs or surfaces that are nearby before I encounter them."

Care plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their needs were. For example, "Staff will put washing bowl and soapy water in front of me. Staff will prompt and direct me. I will clean and dry dishes thoroughly," and, "Staff will remind me to make my own drinks. Staff pour juice cordial and water into separate jugs. Put all the equipment in front of me, I will then put my drink together."

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, a person's care plan for personal hygiene stated, "I enjoy two baths daily, one in the morning and one at night. Wash (Name)'s face with their flannel, try not to let water run down their face as they don't like it. Staff prompt me as I have to be reminded to wash my hands." Another person's care plan for nutrition stated, "(Name) prefers the kitchen to be quiet with one to one staff support."

People said they knew how to complain. They had a copy of the complaints procedure that was available in the information pack they received when they moved into the home. We were told it was also available on CD and could be made available in other formats depending upon the person's needs. People said 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

Good

Is the service responsive?

complaints had been received. One person told us, “I’d speak to (Name) if I had any worries, but I’m quite easily pleased.” One relative said, “If I had any concerns I’d speak to (Name) the manager first of all,”

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission since 2011.

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care, for each individual to receive care in the way they wanted. Staff received training when they started to work at the service to help them support people with a visual impairment. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was friendly. Staff and people said they felt well-supported. Comments included, I think the registered manager is very good, everything seems to be managed well," "(Name) does a very good job," and, "The registered manager is very approachable."

Staff told us staff meetings took place monthly. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed service issues, health and safety, training, complaints, the needs of people who used the service and feedback from people from head office who monitored the quality of care provision. Staff told us meeting minutes were made available for staff who were unable to attend meetings

Records showed audits were carried out regularly and updated as required. Daily audits included checks on medicines management and the environment. Weekly checks also took place that included health and safety, security, fire safety and documentation. Monthly audits were carried out and they included health and safety, documentation, risk awareness and staff awareness of safeguarding. The results were sent to the line manager who had direct operational responsibility for the service. The manager told us an audit was carried out by another manager to provide an independent view of the service. Their monthly visit was to speak to people and the staff regarding the standards in the service. They also audited a sample of records, such as care plans and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

We saw a record of a meeting people had with a representative from the estates department in September 2015 where they had also made a formal complaint about the water temperature in the building. At the inspection this was still not resolved although the registered manager told us the emersion heaters heated the water and provided heat in the building. They had a concern if they became faulty there would be no other means of providing hot water or heating the building. We were told the work was in hand with the estates department but was taking some time to resolve.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service. We were told surveys had been completed by relatives and people who used the service in 2014. However, we had concerns the survey results were not returned to the service so any required action could be taken by the registered manager immediately to improve the service provision at the home. This would help contribute to the quality monitoring of home's service. The registered manager told us this would be addressed.