Henshaws Society for Blind People

Henshaws Society for Blind People - 3 Red Admiral Court Gateshead

Inspection report

3 Red Admiral Court
Festival Park
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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 March 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

3, Red Admiral Court is a care home. People in care homes receive accommodation and personal care as single package under contractual agreements. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is provided from one three storey building and accommodates up to six people with visual impairments, who may also have physical and learning disabilities. Six people were using the service at the time of inspection.

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.

At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good apart from the caring domain which exceeded the fundamental standards and is now rated as outstanding.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to access health care professionals when required and supported to have maximum control over their lives and staff supported them in the least restrictive way possible; policies and procedures supported this practice. Menus were planned with input from people, based on their personal preferences and choices.

Records were personalised, up to date and accurately reflected people's care and support needs. They provided staff with detailed information to enable them to provide effective, person centred care that promoted people's independence. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

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. All of the people were encouraged to develop their independent living skills. They were supported to become as independent as possible whatever the level of need, to enable them to lead a more fulfilled life.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with great respect and dignity. Every effort was made to help people be involved including by the use of communication technology.

Staff were well supported due to regular supervision, annual appraisals and a robust induction programme, which developed their understanding of people and their routines. Staff also received a wide range of specialised training to ensure they could support people safely and carry out their roles effectively.

People, relative's and social care professionals considered the caring nature of the service to be of the highest standard. Staff knew the people they were supporting well and we observed that care was provided with patience and kindness. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. People received their medicines safely.

Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs and the running of the service. The provider continuously sought to make improvements to the service people received. The provider had effective quality assurance processes that included checks of the quality and safety of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Outstanding ☆

The service improved to outstanding.

People, relatives and care professionals without exception praised the caring approach of all the staff.

We witnessed very good relationships between people and saw staff were supportive and responsive to people's needs.

People were supported to be involved in all aspects of decision making in their daily life.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

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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 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.

This inspection took place on 7 March 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send the Care Quality Commission (CQC) within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with five people who lived at 3, Red Admiral Court, the registered manager, the director of housing and support and five support workers. After the inspection we spoke with two relatives to collect their views about the care provided. We observed care and support in communal areas

and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person commented, "I do feel safe here. I'd speak with staff if I was worried." We considered there were sufficient numbers of staff available to keep people safe and with the appropriate skills and knowledge to meet people's needs. There were six support staff on duty during the day and two support staff in the evening, these numbers did not include the registered manager. Overnight staffing levels included one person who slept on the premises. The registered manager told us staffing levels were flexible and were increased. For example, in the evening if more people were going out.

Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw previous incidents had been well managed.

Risk assessments were in place that were reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for making a meal or bathing unsupervised. They gave guidance for staff to support people to take risks to help increase their independence. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

We noted individual personal evacuation plans were only evaluated annually rather than a more regular review in case people's needs had changed. These were evacuation plans that took account of people's mobility in case the building needed to be evacuated in an emergency. The registered manager told us that this would addressed immediately.

Analysis of any incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring.

Systems were in place that showed people's medicines were managed consistently and safely by staff. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We checked the medicine administration records (MAR) and these showed that people received their medicines correctly.

Robust recruitment processes were in place to ensure staff were safe and suitable to work with vulnerable people. Staff recruitment files showed appropriate checks were completed before they started employment. People who used the service were involved in the staff recruitment process.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. All people, relatives and professionals we spoke with praised the staff team. Staff told us they were trained to carry out their role and there were opportunities for personal development. One staff member told us, "We get loads of training." Another staff member commented, "I did level two and level three National Vocational Qualifications (NVQ) and I've been told I can do level 5."

Staff made positive comments about their team working approach, the support they received and training attended. Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. All staff were expected to attend key training topic at clearly defined intervals. Staff told us they received supervision and appraisal. This allowed staff to be supported in their role and to continually develop their skills. One staff member commented, "I have supervision with the manager every six weeks."

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. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. For example, with regard to nutrition, distressed behaviour, mental capacity, personal care, epilepsy, mobility and communication.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. The registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be reviewed.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from a different health professionals. For example, the GP, district nursing service, psychologist and speech and language therapist. People also had access to dental treatment. Relatives told us they were kept informed about their family member's health and the care they received.

People enjoyed a varied diet. One person told us, "I like the mince and dumplings." They were offered or made their own drinks throughout the day in addition to drinks served at the main meal. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking.

People received care to support them in activities of daily living. People were involved in meal preparation or making themselves a drink. They told us they were helped by staff to plan the weekly menu. People told us they were supported to make their own meal once a week.

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. The registered manager told us the organisation employed a rehabilitation officer who kept staff up to date with the range of specialist equipment that was available. 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.

Outstanding ☆

Is the service caring?

Our findings

Without exception all people spoken with during and after the inspection were extremely positive about the caring nature of the service provided. One person told us, "I'm very well looked after." Another person said, "The staff are very kind. I'll buzz for staff during the night if I feel down in the dumps and they come and spend time with me." One relative commented, "I think the staff are very compassionate and kind." One professional commented, "They are an excellent service and staff are all very caring." Another social care professional told us, "The staff at Red Admiral Court provide an excellent service – caring, efficient and professional with the service users at the heart of everything they do. I could not have found a better placement for my service user."

During the inspection there was a busy, happy and pleasant atmosphere in the service. People were observed to be involved in activities of daily living. This included one person counting their money to staff after a shopping trip, someone preparing their evening meal, other people eating a meal or making a drink or just relaxing. There was a camaraderie amongst staff and people and people with each other. We observed the caring and kindly way that people engaged and interacted with each other in the kitchen, which seemed to be the hub of the household.

Staff appeared to have a good relationship with people. Staff were not rushed in their interactions with people. Staff spent time chatting with people individually and supporting them to engage. We saw that where people required support it was provided promptly and discreetly by staff with people's privacy and dignity being maintained.

Staff were respectful of people's opinions and choices. People were actively encouraged and supported to maintain and build relationships with their friends and family. The service also respected people's wishes if they did not want family involvement. People who used the service were able to visit their relatives and friends regularly and were also supported to use the telephone to keep in touch.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. They were aware of and respected the cultural beliefs and traditions of people including their dietary needs. Staff spoke very positively about the disability awareness training they had received at head office as part of their induction. The training had included staff experiencing life as a visually impaired person to make them aware of some of the challenges that people encountered.

Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Support plans also provided detailed information to inform staff how a person communicated. The information included signs of discomfort when people were unable to say for example, if they were in pain or unwell.

'Tac Pac' a method of communication 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. The registered manager told us this had been used successfully to help the person relax enough to receive a medical intervention where it had been necessary to obtain some bloods for medical testing.

The registered manager told us how they ensured information about aspects of the service were available to keep people informed and involved. They told us they had purchased an electronic device, an 'Alexa' which people could request information by speaking into it. For example, to check the weather. This then helped people decide the most appropriate clothing to wear. Menus could also be requested which would be provided in audio form with instructions for people as they cooked. We observed an electronic device called a 'Talking Lid' was also very popular with people. Information was recorded into it and the person pressed a button and they would hear verbal information. For example, people wanted to know which staff were on duty each day. Therefore the daily staffing roster was read into the machine each day by a staff member and was available for playback by people. Other information was also available in braille, large printing and audio CD to maintain people's involvement and keep them informed.

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 an extremely good knowledge of the people they supported. They were able to give us detailed information about people's needs and preferences which showed they knew people very well.

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. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The registered manager told us a formal advocacy service was available and was used when required. They told us the advocacy service was also used to provide training for people to build their confidence in preparation for interviewing prospective staff members.

Good

Is the service responsive?

Our findings

People were encouraged and supported to engage with a variety of activities and to be part of the local community. Records showed they were supported individually with a range of activities and these included walking, personal fitness, arts and crafts, meals out, swimming, cinema, choir, concerts, theatre trips and going to discos and clubs. Other sessions were held in house and included, independence skills development, baking, cooking, music, arts and crafts. A sensory room was also available that was equipped with music and sensory stimulus where people could sit to relax. One person told us, "I'm going to college this year to study English, mathematics and biology." Another person said, "I'm getting the train to York." Other people's comments included, "I've gone off the Sage choir, I'm going to another one", "I'm going to the gym today", "I like watching television" and "I help with my laundry and cleaning my room."

Care and support was personalised and responsive to people's individual needs and interests. The registered manager told us how they promoted a personalised service and how they enabled people to have more of a say about what they wanted to do with their lives. This involved making decisions about holidays, menus and planning programmes and activities. Staff we spoke with shared their enthusiasm for this person-centred approach. For example, the staff and registered manager told us of a person who had been encouraged to go into the swimming pool whilst on holiday. They said, "We went shopping with the person for a swimming costume. The first time it took 45 minutes to persuade the person into the Jacuzzi, which they did like, once they were in it, the next time it took twenty minutes and by the next holiday it took 10 minutes. This holiday we hope it will take less time to encourage the person."

Records showed preadmission information had been provided by relatives, outside agencies and people who were to use the service. Care plans were developed from assessments that provided guidance of how these needs were to be met. For example, with regard to nutrition, personal care, epilepsy, mobility, personal finances and communication. People were involved in regular individual meetings to discuss their care and support needs which also included discussion about their plans for the future and their aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

Care plans were person centred. They detailed the levels of support each person required. Individual's personal qualities, passions and personalities were described, as well as their likes and dislikes. They provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their needs. The registered manager told us the service provided rehabilitation and it helped people learn independent living skills. One professional told us, "They [staff] have really supported my client to improve their independent living skills which has transformed their life."

People told us 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 compact disc (CD) and could be made available in other formats depending upon the person's needs. People were asked at their weekly meeting and care reviews if they had any complaints. A record of

complaints was maintained and we saw no complaints had been received since the last inspection.

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in 2010.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager and director of housing and support assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was open to working with us in a co-operative and transparent way.

The atmosphere in the service was open and friendly. Staff and people said they felt well-supported. They were positive about the registered manager. Staff told us the registered manager was approachable, accessible and visible within the service, working alongside staff and providing a positive role model. They said they could speak to them, or would speak to a member of senior staff if they had any issues or concerns. Staff members comments included, "I feel part of a team." "We're a good team, we work well together" and "The manager is very approachable", "The manager runs a tight ship and we respect them for that. Firm but fair" and "The manager
comes in on their holidays if we need help for anything and never complains." One professional commented, "I have found them [staff] organised, helpful, good communicators and very approachable."

The culture promoted that each individual was to receive care in the way they wanted. Information was available to help staff provide care the way the person may want. 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 registered manager was supported by a staff team that was experienced, knowledgeable and familiar with the needs of the people the service supported. The staff team was very stable with a number of staff having worked in the home for some years. We were told communication was effective. The registered manager told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the home. Regular meetings were held where the management were kept informed and discussed the operation and development of the home.

People told us they were involved in the running of the service and they said they were listened to. Weekly meetings took place people to discuss activities, menus, safeguarding and the running of the service and to ask people for any suggestions or areas for improvement. One person told us about the new 'G tech' vacuum that had been bought for the house as a result of people's suggestions. They said, "It will be lighter to use and has no wires. It has to be tested before we can use it though." Another person told us people were involved in the weekly health and safety checks that took place around the building. They commented, "We

check the nurse call in each bedroom so we know where it is and to check that it works." A third person said, "I'm on the interview panel for new staff."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Systems were in place that continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents and were scrutinised at senior management levels. Records showed that management took steps to learn from these events and put measures in place, which meant they were less likely to happen again.