

Henshaws Society for Blind People

Henshaws Society for Blind People - 16 Spring Mount Harrogate

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 30 April and 3 May 2018 and was announced on both days. We gave the provider 72 hours' notice because the service supports a small number of people and we needed to ensure people and staff were available to carry out the inspection.

Henshaws Society for Blind People 16 Spring Mount is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. Both aspects were looked at during this inspection. The service can accommodate up to six people. Six people were living at the service when we inspected. All of the people had a sensory impairment and/ or learning disability and/ or autism spectrum disorder. The service supports people between the ages of 18 and 65.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of Good. We saw improvements in responsiveness and this area was now Outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were systems in place to keep people safe, including safe recruitment, staffing levels, appropriate use of risk assessments and completed safety and equipment checks of the building. Where people presented with behaviours which may challenge the service they had care plans in place containing information about when this behaviour may arise and how to support the person. We saw that staff had not been observed as competent to complete a specific clinical procedure. The registered manager and local district nursing team were working together to address this.

Staff had received the appropriate training and support to enable them to deliver effective care and support. They worked together to ensure people received consistent support and accessed healthcare services when required. People were at the centre of their care planning and were supported to be as independent as possible. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service promoted this practice.

People and their relatives spoke highly of the care at the service. People had meaningful interactions and relationships with others living at the service and staff. This meant people knew staff would provide them with emotional support when needed and treat them respectfully. Information including the complaints policy and safeguarding was readily available in people's preferred format to meet the communication

needs of people living at the service.

People received highly personalised care. They set their own goals and were supported to achieve these. People had opportunities to try new activities and develop specific interests. Staff worked flexibly to ensure people could attend their activities and understood the importance of these to individuals.

There was a registered manager in post, who was available for people, their relatives and staff to speak to. Feedback and suggestions were welcomed. People were actively involved in making decisions about the service and making changes that met their needs. There was evidence of these changes being made and people benefiting from this.

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?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service improved to Outstanding.

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 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.

The inspection took place on 30 April and 3 May 2018 and was announced on both days. The provider was given 72 hours' notice because the service is small and we needed to ensure people and staff were available for the inspection. The inspection was carried out by two inspectors on day one and one inspector on day two.

Before the inspection we reviewed information we held about the service. This included information from statutory notifications and the Provider Information Return (PIR). Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service as required by law. We had not received any notifications from the service. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from commissioners of the service prior to our visit. This information was used to plan our inspection.

During the inspection we spoke with three people and two of their relatives. We spent time in the communal areas and observed how staff interacted with people. We spoke to the registered manager, two carers and a human resources administrator. We received feedback from two professionals visiting the service at the time of the inspection. A further professional was contacted for feedback but no response was received. A range of records were reviewed including the recruitment, supervision, appraisal and training records for two staff.

We saw three people's care plans and the medication records for the six people living at the service. Various policies and procedures and information relating to the day to day running of the service were looked at.

Is the service safe?

Our findings

At the last comprehensive inspection we found the service to be safe and awarded a rating of Good. At this inspection we found the service remained safe.

People and their relatives told us they felt safe and that there were enough staff available to support them. One staff member told us, "All the guys have 'stranger danger' training to be safe answering the front door." Safeguarding information was available for people living at the service to access in audio format; peoples' preferred method of communication.

Risk assessments were in place where required to ensure people's safety and independence was maintained. The risk assessments were appropriate and proportionate to people's needs. For people who chose to smoke a cigarette bin had been made available and the service was looking into purchasing an outside shelter. This showed people's preferences and risks associated with these were being supported.

Where people presented with behaviours which may challenge the service we saw the care plans contained information about when this behaviour may arise and how to support the person should they become distressed. We saw evidence of a person being given time on a daily basis for active listening. Active listening is a technique to help the person be aware of their feelings, express them and feel listened to. The provider was looking into positive behaviour support to ensure staff were better equipped to support people with behaviours that may challenge the service.

Staffing at the service was safe. One person told us, "I feel safe and there are enough staff." The registered manager explained how the amount of staff available depended on people's needs and a minimum staffing level was in place. There was evidence of consistent staff members being on duty. 'Talking lids' were in place for people to press and hear the names of the staff on duty and the on call manager. Recruitment procedures were safe and being followed. A handover checklist was used to help staff new to the service familiarise themselves with people and their needs.

We saw people being supported to take their medication safely. We noted staff had not been observed supporting people with specific health needs to ensure they were competent to do these tasks. The registered manager was working with the local district nursing team to address this.

Staff had made changes to the storage and administration of medication in response to people's wishes. The medication had been re-located to a different part of the home, which was more convenient for people to access. All of the people we spoke to felt the new arrangements were positive and suited their preferences as they felt they were 'easier' and 'much better'.

The service was clean and well maintained. The provider ensured all safety checks of the building and equipment were completed. We found these had been carried out and the premises were safe.

When accidents and incidents occurred these were recorded and information shared with the provider's

health and safety team to make improvements. Referrals were made to other relevant professionals as required to address any safety issues identified.

Is the service effective?

Our findings

At the last comprehensive inspection we found the service to be effective and awarded a rating of Good. At this inspection we found the service remained effective.

People were involved in their care planning. One person's file stated, 'I am enjoying everything I am doing.' We saw evidence of consent to care and treatment being obtained and reviewed regularly. This was signed by people and recorded in their preferred means of communication.

The Mental Capacity Act (MCA) 2005 provides a legal framework for supporting people to make their own decisions as far as possible and helping them to do so where needed. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DOLS). We checked whether the service was working within the principles of the MCA and had assessed people's capacity to make particular decisions. The service was working within the principles of the MCA. When we inspected there was no-one at the service who lacked capacity or had a DOLS in place.

Technology was used in the service to give people choice and help them to be as independent as possible. One person was planning on purchasing a voice controlled intelligent personal assistant to carry out tasks such as answering questions they may have and playing music. They had been supported by staff to trial the device and told us, "We watched videos about problems there could be, which was funny." This was helping the person to understand any problems there could be with the device in order to make an informed decision about its suitability for them.

Staff had received the appropriate training and support to enable them to deliver effective care and support. An induction programme was in place. A professional told us of the blindfolding training staff completed to help them experience and understand sensory impairments. One member of staff described the benefits of being guided in the community with sight loss telling us, "It helps you understand as a worker and is a more practical way of learning." Staff had regular supervision and annual appraisals, actions identified during staff supervision were followed up. This showed a proactive approach to staff learning and development.

People were supported to be independent with meal preparation through the use of technology, such as a talking microwave, bump on stickers to find buttons and dials on equipment. Equipment was available to enable people to be independent, for example angle boards to assist people with spreading butter on their bread. Most of the people living at the service chose to cook for each other in turn. We saw varied meal plans. Where people had specific dietary requirements the meal options were adapted to enable them to eat the same meal together.

People were able to access healthcare services. We saw evidence in care files of people having accessed their GP, chiropody and other specialist health services and health matters being followed up. One person said, "If I need a doctor they [carer workers] seem to arrange this quickly."

Consideration had been given to the premises and outdoor space to meet the needs of the people living at the service, enabling them to navigate it with ease and confidence. People were involved in the decoration of the premises and told us about their choices for the forthcoming re-decoration. The re-decoration of the home was being planned to coincide with people going on holiday to minimise any disruption to them. People were involved in choosing furniture at the service, one person had gone to the furniture shop with staff to collect new chairs for the dining room.

Is the service caring?

Our findings

At the last comprehensive inspection we found the service to be caring and awarded a rating of Good. At this inspection we found the service remained caring.

People and their relatives spoke highly of the service. One relative told us, "You couldn't ask for better care." We observed people being given emotional support at breakfast time. One person spoke about not sleeping due to their thoughts, staff and other people provided support to the individual, sharing their own similar experiences. This demonstrated that people had meaningful interactions and relationships with others living at the service and staff. One person told us, "I am friends with the people who live here." This view was shared by other people living in the house and their relatives.

Staff knew people, their histories and what mattered to them. This meant they could support them effectively and had built good working relationships with them. One person told us, "Staff support you to feel better, they listen to problems or anything on your mind." This showed people had confidence that staff would treat them with kindness, dignity and compassion whilst respecting their privacy. A person who had experienced a bereavement told us how important their relative had been in their life. The person had been supported by staff to remember their relative by speaking about their memories and putting personal items in their room. The person and staff identified together that counselling may be beneficial to them and told us, "Staff did their best to support me." A referral had been made for a counselling service.

All the people at the service were able to express and their views and were actively involved in decision making. This included people that were less outgoing. One relative told us, "My family member is always involved in decision making, as are we". People's care plans were in their preferred means of communication, including audio formats, enabling them to access them independently.

Staff told us of the importance they gave to maintaining people's privacy, dignity and respect. A member of staff said, "I treat [people] as I would want to be treated". One person required specialist medical products on a frequent basis. To ensure the person's dignity was maintained arrangements were made to store the items at places where the person attended activities. We saw evidence of people being encouraged to become more independent and have control of their own routines by setting alarm clocks to determine their own waking up time. We saw one person being supported to prepare a meal to eat together with others living in the house. One relative describe the independent life their family member led, "[name of person] goes walking to see friends, going shopping and on outings. [The person] loves it."

Is the service responsive?

Our findings

At the last comprehensive inspection we found the service to be responsive and awarded a rating of Good. At this inspection we found the service had improved and now provided Outstanding responsive care and support.

People received highly personalised care based on their preferences and interests. Care plans were very person centred, focusing upon the person's whole life. One relative said, "[name of person] had been frightened of going abroad, now [the person] is getting a passport and has decided to go on holiday." This showed staff had worked with the person to understand their anxiety about travelling abroad and were working to achieve this goal.

People were given the opportunity to participate in the activities they were interested in. The registered manager said, "We want to give people as many opportunities as we can". We saw evidence of people having a varied daytime activity programme, which reflected their needs and having the opportunity to trial new activities. In the handover book, used by staff to communicate information to one another, we saw evidence of a community service contacting people at short notice to see if they would like to go on a tandem cycle ride. People were given the choice to participate in this. This showed the service's ability to work flexibly and respond to individual wishes, enabling people to live as full a life as possible.

People at the service were involved in a provider wide triathlon club. People were asked what they would like to achieve at the club and how they would like to be supported. This included where people wanted to run, how they wanted staff to assist them, whether through use of a guide rope or running shoulder to shoulder. People's achievements and personal bests were recognised through awards given at the end of the triathlon competition. One person told us, "I feel happy when people are cheering for me." This showed the positive impact and sense of inclusion people gained from the competition, contributing to improving had on their wellbeing and self-esteem.

People's achievements were recognised in their care files, one person's review record stated that the person 'received a medal for the triathlon recently completed and is really proud of their efforts.' Recording achievements in this way ensured people were able to reflect back on the goals they had achieved and had a lasting benefit to improving their wellbeing. The care worker who ran the club spoke passionately about it and said, "I really really enjoy doing it. Do you know how chuffed I am? It's amazing."

Where people had specific interests or wished to develop their hobbies they were supported by staff to attend them. One person had been power lifting for 18 years, attending regular training and competitions throughout the year. The person told us the importance of this activity to them. They told us, "I meet new people all the time. I have medals and trophies in my room from competitions." This showed the person was supported to be involved in their local community and being supported to expand and maintain their support network. The service ensured the same care worker could support the person to attend. This highlighted the service's strong commitment to planning people's care and support in partnership with them.

Another person had identified at their review they would like to go swimming regularly. Support was being arranged to facilitate this. The person and staff support worker, who worked in another service run by the provider were matched together to enable the person to fulfil this outcome. This demonstrated that the service was working innovatively with people to meet their needs and improve their quality of life.

People set their own goals and were supported to achieve them. People's care files showed the goals set, progress being made and ongoing support being provided to help people achieve their aims. One person wanted to lose weight and was supported to follow a diet and attend weekly classes to help with this. A carer worker told us that the person had been awarded 'slimmer of the month' for their efforts.

People were actively involved in planning their own holidays and eagerly anticipated these. A staff member told us of a holiday last year which people had been on where they had all got up on stage and danced together. The event was memorable for those involved and the staff understood the importance of making memories for people and said, "People talk about them for years and years." This demonstrated that staff had the skills to ensure people experienced an enhanced sense of wellbeing and exceptional quality of life.

When people experienced significant life events the service ensured they were given personalised support. We saw evidence from house meeting minutes of one person thanking others living at the service and staff for sending a card to their family following a relative passing away. This showed the service responding to events that mattered to people and their families.

Another person had had life changing surgery. On returning from hospital they were withdrawn and wanted staff to help others living at the service to understand their new needs. Staff sensitively explained these to people. The person themselves needed support to come to terms with the change in their condition. A member of staff described delivering support in a way that helped the person build up their confidence and told us, "At first [the person] wouldn't look at it [device to meet their health needs] and we diverted their attention, putting music or a film on. Now they will look." One health professional who had worked with the service to support this person told us, "The care is fantastic." The person's mental and physical wellbeing had progressed. The person's review evidenced that they felt happy and had an excellent quality of life; "I am enjoying everything I am doing." They were working towards a new goal of planning a holiday with others living in the service and returning to doing their previous activities. This showed the service was able to respond to changes in need whilst ensuring people were constantly given the opportunity to develop and enhance their quality of life. The person's relative said "[Person's name] has wholeheartedly come on leaps and bounds. We are blessed. The service is an amazing place, we never cease to be amazed at how much they do."

People and their relatives knew how to raise concerns and complaints. An audio copy of the complaints policy was available on a talking photo album. There had been no concerns raised at the time of the inspection. A relative told us, "If we are worried we talk to staff. They are always honest and open and do their best to help."

Is the service well-led?

Our findings

At the last comprehensive inspection we found the service to be well-led and awarded a rating of Good. At this inspection we found the service remained well-led.

There was a registered manager in post. 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.

There was a clear vision at the service of compassionate, empowering care. Staff spoke passionately about their jobs to us. One member of staff who had not worked in care before said, "As soon as the door opened I thought this is a happy house, I could feel it. My opinion has not changed."

People, relatives and staff spoke positively about the registered manager and their approach. A member of staff told us, "Any issues I am not anxious to bring it up and I will be supported. [The registered manager] takes really good care of us". People told us if they had a problem, "I know where to go. [name of registered manager] would listen." This demonstrated that the registered manager made themselves available for people, relatives and staff to speak.

There was mutual respect between staff and the registered manager. The registered manager told us, "They are flexible for me, so I am for them. I wouldn't ask anyone to do anything I wouldn't do myself."

The quality of care at the service was monitored through monthly audits. The deputy manager completed monthly checks for medication and health and safety. The registered manager completed a monthly audit of support plans for all the people living at the service. The provider used a system of managers peer reviewing the services of other registered managers to check the service. Managers from other services completed monthly peer reviews of this service. There were no audits by the provider themselves to review the checks completed by the registered manager and peers. The provider confirmed to us that they were in the process of reviewing their audits.

People were regularly asked to provide their feedback on the service. A comments book was available for people or relatives to raise any points. 'Service user meetings' were used as an opportunity for people to express their views. Where people were not able to attend these meetings their views were sought separately. The meeting minutes detailed how people had had the opportunity consider changes to the medication storage prior to any changes being made. The meeting minutes were put into an audio format for people to access.

The service was open to learning and improvement. The registered manager said, "I am constantly watching, reviewing, can that be done better? I'm open to suggestions, advice and grateful for it. I want to provide a great service." We saw evidence of training opportunities being explored to help staff keep informed of changes and current best practice. A professional had recently offered specialist health training

for staff, which the service welcomed. This showed the service was continuing to improve and welcomed opportunities to work in partnership with other agencies.