

Henshaws Society for Blind People Henshaws Specialist College

Inspection report

Henshaws College
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Henshaws Specialist College provides accommodation for up to 65 people between 16 and 25 years of age who may have a sensory impairment, physical disability, learning disability and / or autistic spectrum disorder. The service is arranged over two purpose built units. Each unit has smaller self-contained houses of no more than 12 bedrooms. Young people can live at Henshaws Specialist College full time, term time or during the college week, whilst others used the service for respite care. Up to 65 young people can be accommodated in the service. Numbers of young people resident at any one time fluctuate according to their individual plans of care.

People's experience of using this service: Since our last inspection the provider had appointed an acting manager, interim principal and interim head of care. They had worked together as a strong team to mentor and empower the staff to make improvements to the support young people received.

Quality assurance systems were in the process of development and although these were not yet fully established they were having a positive effect on the outcomes for young people. While management checks had identified some areas for improvement such as the frequency of supervisions they had not picked up on other areas. For example, we identified risk assessments were not yet fully established or working effectively to ensure risks were always identified and appropriate safety measures put in place. Checks had not always highlighted areas for improvement. These systems needed to work better to ensure safety and quality for people.

However, staff told us they felt more confident in the leadership and management of the service. Staff morale was good and demonstrated a commitment to ensure young people received high-quality care and support and enhance their prospects and wellbeing.

Young people told us they liked being at college and making friends. They felt staff listened to what they wanted and helped them to achieve their goals and aspirations. Staff were committed to supporting young people to gain their independence and develop their skills. Use of technology enabled young people to access information and to be fully involved in their care and support. Young people were encouraged to develop and maintain positive relationships with friends and family.

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.

Young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff worked together in a positive way to support people to achieve their identified goals.

A full description of our findings can be found in the sections below

Rating at last inspection: Requires improvement. (published 21 June 2018).

Why we inspected: This was a planned inspection based on the rating of the last inspection.

At the last inspection in March 2018, we asked the provider to act to make improvements to safe care and treatment, employment of fit persons and governance. Following that inspection, we met with the provider's representatives on two occasions to discuss the required improvements and to monitor their progress.

At this inspection we found improvements however the provider needed to be able to demonstrate improvement over a sustained period to ensure young people receive safe, consistent care. This means the rating remains requires improvement. This is the second consecutive time the service has been rated Requires Improvement.

Follow up: We will continue to work with the provider following the publication of this report to understand and monitor how they will make changes to ensure the service improves to at least Good. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Henshaws Specialist College

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors visited on both days. On the first day of the inspection a registered nurse from the local clinical commissioning group and an Expert by Experience accompanied the inspectors. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: The residential part of Henshaws Specialist College 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, and both were looked at during this inspection. The service had a new manager whose registration was progressing through registration with the CQC. When registration is completed it means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced on the first day and we gave notice of our visit on the second day.

What we did

Before the inspection: We reviewed information we had received since the last inspection. This included information the provider must tell us about legally such as serious incidents and accidents. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We used information the provider is required to send us at least once annually to give some key information about the service, what the service does well and planned improvements. We used this

information to plan our inspection.

During the inspection: We spoke with nine young people using the residential service at the time of our visit and four relatives. We spoke with 15 members of staff including the interim head of care and interim principal, three care managers including the acting manager, team leaders, care staff and managers with responsibility for maintenance and health and safety, and human resources staff. We received information from three healthcare professionals.

We looked at a range of documentation such as care files and monitoring charts for six young people, together with their associated medicine records. We looked other records for the management of the service such as recruitment, staff training, meetings, audits and maintenance of equipment. We checked the environment.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection in March 2018 we identified breaches of regulation in relation to safe recruitment, and assessing and managing risk. Care staff were undertaking clinical tasks without receiving the appropriate training for them to do so safely and lawfully. Following that inspection, the provider subsequently applied to be registered to support young people with their nursing needs. Their application to be registered to provide nursing care is currently in progress with the Care Quality Commission (CQC).

During this inspection we found improvements had been made and the provider was no longer in breach.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Staff had begun to develop safe systems and processes when implementing risk management and risk assessments. Risk assessment tools had been introduced. These included an assessment tool to assess and manage skin integrity to optimise skin health, oral health and a malnutrition screening tool to identify young people at risk of poor nutrition or who were obese. We found these were at an early stage of development and had yet to be fully embedded into staff practice.
- Decisions regarding the frequency of monitoring systems was under development and this needed further work to ensure positive risk taking included appropriate safety measures to guide staff. For example, how people with a diagnosis of epilepsy were supported to bathe independently.
- Systems and processes were in place to assess and minimise identified environmental risks and maintenance was well managed. Since our last inspection, gates had been linked to the automatic fire detection system. People had personal emergency evacuation plans and these considered people's safety and staff supervision on evacuation. Fire drills were undertaken but recording of these needed to improve. In addition to regular health and safety checks, we discussed staff using a recognised audit tool such as the NHS infection control tool to keep a continuous check. Although windows had restrictors to limit their opening regular checks should also be completed on these in line with published guidance from the health and safety executive (HSE) on window safety.
- The use of positive behaviour support was well understood among the staff team to the benefit of people using the service. Positive behaviour support is a behaviour management system used to understand distressed behaviour and guide staff on the actions to take to help reduce anxiety and distress. A relative commented, "In the beginning they did a comprehensive assessment about [Name's] individual needs and we also looked at possible scenarios of what could happen and how that could be managed. We were fully part of this assessment and they listened to us and our advice about what we felt would work and what didn't. This really helped with [Name] settling in well, they also had a good idea what worked and what didn't. But they also took a lot of time getting to know [Name] well, and it helped build on a lot of the skills." Another relative told us, "The fact [Name] has settled in shows [Name] is happy and safe and totally enjoys their time there."

Staffing levels.

- Recruitment was well managed. A member of staff had taken responsibility for checking agency staff documentation to ensure it fully met requirements. We discussed the interview process could be further developed to include benchmarking interview results to promote consistency.
- Good practice included using Skills for Care English language test for all candidates.
- There were enough staff to support people in a person-centred, timely way.

Safeguarding systems and processes;

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- Young people and relatives told us they felt they received safe care. One relative told us, "The fact [Name] has settled in shows {Name] is happy and safe. [Name] totally enjoys their time there."

Using medicines safely; Learning lessons when things go wrong.

- Medicines were managed safely. Audits were being undertaken regularly and medicines training was ongoing. Issues identified through the audit process were followed up through safeguarding, lessons learned and discussed with staff at supervision.
- A relative told us, "I feel it's very safe here. I have no problems about safety. They [Staff] manage [Name's] medication, they always remember to send medication home at the weekend. I've never had any problems."

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments were comprehensive. Expected outcomes were identified and staff made sure young people's care and support was regularly reviewed. A relative told us, "[Name] is doing amazing; they are coming on in leaps and bounds. I cannot thank the staff enough for this." And, "[Name] has such complex needs but they've increasingly helped with [Name's] confidence and they support everything [Name] does. Staff adapt absolutely everything to fit round [Name] so their support and care is completely bespoke."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. We saw PBS had been used to good effect with people. A relative commented, "Staff think outside the box, they look at each person individually. They got to know about [Name] really well and this last year [Name] has just grown in confidence."

Staff skills, knowledge and experience.

- Staff were competent, knowledgeable and carried out their roles effectively. Training was planned on an annual basis and this included specific training needed to support young people with autism or epilepsy for example.
- Staff told us they had received positive support since the last inspection. They said this had impacted positively on their skills and knowledge. One staff said, "I came to work here via a care agency. I have worked really hard and now have come to be part of the regular team. I really enjoy working here. I've learnt so much, which has helped me increase my skills." Care managers had identified the frequency of supervisions and appraisals needed increasing and plans were in place to complete these. Supervisions for senior staff including the interim principal and the manager were seen and these were up to date.

Supporting people to eat and drink enough with choice in a balanced diet.

- Young people were offered a varied and nutritious diet while in college. We found people's choices in the evening were more limited with a reliance on convenience foods owing to the quick turnaround before evening activities. We discussed how staff could start thinking about how people express their choice regarding meals to encourage a wider range of foods and healthier options at evenings and weekends. A relative told us, "I would like [Name] to be able to make healthier choices although staff strike a good balance in allowing them to make some good and bad choices, just like any other teenager would do. They help you as a parent to understand that they are growing up and might make different choices to what we would want, and that's really important."
- Where young people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- For young people at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved as needed.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- At the last inspection in March 2018 healthcare planning did not provide young people with seamless healthcare when they moved between home and college. Since then the provider had worked with staff from the clinical commissioning group (CCG) to improve access to healthcare.
- Staff liaised with relatives or people's guardians regarding the last date young people saw some professionals such as the dentist. These were then discussed with families when the initial assessment was carried out. A relative told us, "I ring up twice a week and they either email me or ring me regarding any concerns. I don't have any problems"

Adapting service, design, decoration to meet people's needs.

- Environmental adaptations had been undertaken to understand which technology would benefit people and support their independence.
- Adaptations assisted young people with sensory loss and non-distracting, functional areas to create discrete, calm spaces for young people. and used a range of specialised equipment and signage for people to orientate themselves. People's bedrooms contained well documented daily programmes, which had been tailored and personalised to the individual's needs.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. Mental capacity record keeping had improved although some further work was needed to fully embed understanding and for staff to be confident in how they recorded issues in relation to mental capacity assessments.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Young people were confident, comfortable and at ease with staff. The atmosphere throughout the day was warm and interactive. Staff treated young people with respect and were very warm, approachable and caring. A relative commented, "[Name's] doing amazingly well here, I can't believe all the things [Name] is doing, and is really happy."
- People told us they liked the staff who supported them. A staff member said, "The best thing about my job is the young people, I just love being around them and helping them get the best for them. It's great to see them learning and growing they give you so much back in job satisfaction."
- Where people did not communicate verbally staff understood their way of communicating their needs and choices. Staff observed body language, eye contact and sign language to interpret what people needed.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported young people to make decisions about their day to day activities and care. For example; House meetings were held weekly to discuss activities and menus.
- Where needed, staff sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence.

- Staff demonstrated a genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. A relative told us, "Staff are respectful to the students and mentor students in a positive way." Another relative said, "I have nothing but praise for them. I give them a triple 'A' star."
- Staff promoted people's independence. A relative commented, "We have noticed a huge difference in their self-confidence and [Name's] ability to do things. [Name] would often turn to us to finish tasks, such as shaving. Now [Name] really takes the time to look in the mirror and properly shave his face. He takes the time to make sure he looks good. In the past he would have tried and then handed the razor to us. This is really great as he is learning to do things for himself."

Is the service responsive?

Our findings

Responsive – this means that services meet people's needs

People's needs were met through good organisation and delivery.

Personalised care; End of life care and support.

- Care plans included information in an easy to understand pictorial format that was accessible for people. Young people were supported to lead full and varied lives while at college and during the evenings and weekends. Accessible files were available with symbols for use in meetings to help people take part and help with menu choices. Staff directed people and their relatives to sources of advice and support or advocacy, rights and the complaint systems. This information was also displayed around the service and included easy read/braille formats.

- Staff were knowledgeable about the young people they supported and this helped them to deliver the person-centred care we observed. Work to develop care plans was ongoing and staff were beginning to look at ways they could introduce information about people's future wishes.

- A wide range of communication methods were used. Examples included eye gaze or eye tracking systems which enabled people to access their computer or communication aid using their eyes; picture exchange communications systems (PECS). Makaton, sign language, and visual personal care routines and intensive interaction.

- Young people were actively encouraged to be part of the community through supported internships, volunteering or out and about using local transport and doing activities. Examples included drama clubs, karaoke, horse riding and trips out to the pub or to attend church.

- We observed people were listened to and supported well. This helped to increase people's confidence and motivation, which relatives commented on positively. This was due to the leadership of the service and the staff commitment to improving outcomes for people.

- People were supported to maintain and develop relationships with those close to them, including social networks within the community. This included the use of social media and technology to communicate. When asked what they liked best, one young person told us, "My friends, I like spending time with my friends here."

- Weekly meetings gave young people the opportunity to share any ideas and talk about things that are happening within their house. Meetings also discussed difference topics each week such as disability rights, complaint systems, the role of CQC, school council, advocacy, security within the building and ID badges.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they had any concerns. When asked who they would speak with if they had any worries or were upset, one young person told us, "I just speak to staff, if I was at college talk to the teacher, or I might ring my mum." Relatives told us there was always staff available to speak with them about their family member, which they appreciated. They said, "The team are so approachable I can either ring or email if I'm concerned, they also do the same if they have anything they want to talk to was about. This can include if [Name] is unwell or feeling unsettled."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection in March 2018 we identified a breach of regulation in relation to governance. During this inspection we found improvements had been made and the provider was no longer in breach.

- Since the last inspection the provider had recruited an interim principal and interim head of care to support the service to improve. The impact of the work the team had achieved was positive for the people they supported. Young people were in receipt of more consistent, safe care.
- Quality assurance processes however were not yet fully established. The provider's system involved checks being carried out by the care managers, which had identified some areas for improvement such as the frequency of staff supervisions and appraisals. However, they had not recognised the additional support and training staff needed to fully embed the new risk assessment processes in use.
- Despite the positive leadership shown at the service the provider had not had sufficient time to be able to demonstrate sustained improvement over time. We will check on the progress of this on our next inspection.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.; Engaging and involving people using the service, the public and staff.

- Senior managers were committed to provide person-centred, high-quality care. Despite changes of key staff since the last inspection the senior management team had worked hard to implement new systems and had mentored staff to drive forward improvements. Care managers were becoming more involved in the running and development of the service. Management were clear about the progress they had made and were open and transparent throughout the inspection process. Work was ongoing regarding the continuing development and improvement of the service.
- Relatives knew members of staff who supported their young person at the frontline of their care and education. They could name each one of the care and support staff within the residential houses. However, people were less sure about senior management roles and interaction at a higher level.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Staff understood and shared the provider's vision and values. One member of staff told us, "I'm very well supported and we work really well as a team. We have a very strong support network within our team. You can always speak to people about any concerns. I know there is been some problem with management. However, despite this, the strength we have as a care team is important for us and the students." A relative told us, "It's well-run from what I can pick up to now, I know there has been some issues but to be fair there hasn't been any issues for us. You speak as you find."

- Managers had effectively acted on feedback since the last inspection to improve the service.

Working in partnership with others.

- Good local community links existed and staff worked in partnership with other agencies locally to improve people's opportunities and wellbeing.