

Henshaws Society for Blind People







# Henshaws Society for Blind People - 8 Spring Mount Harrogate

## Inspection report

8 Spring Mount  
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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 inspection took place on 27 November 2015 and was unannounced. When we last inspected the service on 25 April 2014 we found there were no breaches of regulations.

8 Spring Mount is owned and managed by Henshaws Society for Blind People. The service is registered to provide accommodation and personal care for up to six people who have a learning disability and an additional sensory impairment. The house is well situated within

# Summary of findings

half a mile of Harrogate town centre and there are local amenities nearby. The house is a large three storey terraced house. There is a small garden to the front of the property and a patio at the rear.

There was a registered manager employed by this service. 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 who used the service told us they felt safe with the staff and the care and support they were provided with. People also demonstrated how safe they felt through their verbal and non-verbal communication and their reactions to staff. Accidents and incidents had been recorded.

Each person had a detailed care and support plan which explained how staff could best support them. There were associated risk assessments completed. Where people required support taking their medicines staff had been trained and were competent to do so.

Staff had been recruited safely and there were sufficient staff to meet peoples assessed needs. Existing staff covered for unexpected absences or other events. Staff were supported through regular supervision. We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver appropriate care. People told us they got the support they needed with meals and healthcare.

We found there were systems in place to protect people from risk of harm. There were policies and procedures in place in relation to the Mental Capacity Act 2005. The care plans contained a record of decisions people were able to make and the ones they needed support with.

People were supported to engage in activities which were meaningful to them and encouraged them to be part of the local community. People's views about the service were sought and acted upon.

The service had good management and leadership. Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints.

# 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.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse. Individual risks had been assessed and managed to ensure people's safety.

We saw that people felt safe with staff through their body language and the way they reacted to staff.

Care plans described the areas of support needed in detail and had associated risk assessments.

Medicines were managed safely.

There were enough skilled and experienced staff to support people and meet their needs. We saw the recruitment process for staff was robust.

Staff understood what was meant by safeguarding and had been trained in safeguarding adults.

Good



### Is the service effective?

The service was effective in meeting people's needs.

People were provided with care and support by staff that encouraged them to live as independently as possible.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely. This meant that people who used the service had access to staff who understood their role and were competent.

People consented to their care and support. The registered manager and staff understood their responsibilities in allowing people to make their own decisions. Refresher Mental Health Act (2005) and Deprivation of Liberty Safeguards (DoLs) training was arranged for all staff.

People's nutritional and healthcare needs were met.

Good



### Is the service caring?

The service was caring.

People told us they were happy with the care and support provided to them. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff knew the people they were supporting and were confident people received good care and their individual needs were well met.

We observed staff being caring, attentive and patient. Staff were respectful when speaking with people, listening to them and maintaining their dignity. People looked well cared for and were smartly dressed.

Good



### Is the service responsive?

The service was responsive to people's needs.

Good



# Summary of findings

People's needs were assessed and person centred care plans were developed from this information. There were detailed descriptions about people's care needs and how staff should support those needs. These were written from the perspective of the person receiving care.

People who used the service were supported to engage in meaningful activities to support their wellbeing. There was a strong emphasis on using community services and facilities.

People were given information on how to make a complaint.

## Is the service well-led?

This service was well led by a manager who was registered with the Care Quality Commission.

The manager was able to answer all of our questions during the inspection and was familiar with people's individual care and support needs and knew people who used the service and staff very well.

There were systems in place to monitor and improve the quality of the service provided and allowed people who used the service to provide feedback on the service provision.

**Good**



# Henshaws Society for Blind People - 8 Spring Mount Harrogate

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

At the time of this inspection there were six people living at the service. We spoke with five people who used the service, three staff, the registered manager and the director of the organisation. We did not get an opportunity to talk to support staff during our visit as they were all busy supporting people to access community services. However, we left the telephone details of the inspector for them to be

able to contact us should they wish to discuss their work. We spent time at both the service and the organisation college where some of the Human Resources offices are based. . We looked at documents and records that related to people's care and support and the management of the service. We looked at three people's care plans and four staff recruitment files.

Before the inspection, the provider had not been asked to complete a Provider Information Return (PIR). These are requested automatically and this does not necessarily coincide with when we carry out the unannounced inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

We spoke to two people in detail and others as they were leaving for their day events. Everyone agreed they were supported well and felt safe at the service. We saw staff interactions with people were person centred and staff clearly knew people well. One person who used the service told us, "I always have someone with me when I am out. This gives me confidence." Another person told us, "This is a good place to live. There are always staff here and they help us with everything." We saw during the visit that people felt safe around the staff through their remarks and body language.

When we looked at people's care and support plans we could see that the risks to them and others had been identified and management plans with clear guidance for staff were in place. Risk assessments had been carried out to cover activities and health and safety issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the any restrictions kept to a minimum. The service works with learning disability services to identify triggers for behaviour which can cause anxiety or challenges. We saw guidance in support plans for staff, to guide them and give them information to help them support people in an effective and safe way. This enabled both staff and people who used the service to be kept safe.

People we spoke with told us there were enough staff to meet their needs. One person who used the service told us, "If I want help during the night I have a buzzer I can use which tells the person sleeping in that I need them. They would come straight away."

We observed staff undertaking their duties and we found people who used the service received the care and attention required to meet their individual needs. The manager told us they thought there were sufficient staff on duty to meet the assessed needs of the people living in the home. The manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said staffing levels were assessed on people's dependency levels and the activities people were involved in at home and in the community. The manager told us where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. They told us staffing levels agreed within the home were being complied

with, and this included the skill mix of staff. This ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the service.

We looked at the recruitment records for three staff members. We found the staff files contained application forms and the references were provided as part of the recruitment process. One staff member told us, "No one would be employed without all the necessary pre-employment checks being in place. It can be a hassle having to wait but we make sure it is all in place before people start work." We saw relevant checks had been completed for staff, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw contact numbers for the local safeguarding authority to make referrals to or obtain advice were necessary. Staff received training which helped them identify how to safeguard people and we saw evidence of this in training records. There had been one safeguarding alert made to the local authority since the last inspection. The local authority is the lead agency in investigating any matters relating to the abuse of people. The alert was still being dealt with and we saw from the records that this was being appropriately handled by the service.

We spoke with the manager about people's finances and how these were managed. There was a personal monies record for each person, which had recorded people's weekly allowances and any financial transactions. All purchases were accounted for with receipts. All transactions had been recorded clearly and checks were in place at every handover to reduce the risk of financial abuse. There was a 'checking in and out' of bank books, to confirm who had removed the bank book and why. There was also a weekly and monthly audit in place as part of the monthly quality assurance audit.

Medicines were kept securely. The temperature of the fridge was recorded daily and this was maintained within the recommended safe temperature range.

We saw people's medication administration records (MAR) had a photograph of the person along with any allergies

## Is the service safe?

they may have. The last section of the MAR contained information specific to each person about the medicines they were taking and why they were taking them. This helped to ensure staff worked in a person centred way.

The MAR and controlled drugs records were completed and no gaps were noted. At the time of the visit there were no controlled medicines being used or stored. We looked at medication stock and records relating to controlled drugs. We could account for all medicines, because staff had accurately recorded when new medicines were received and the number of medicines in stock.

Where required, medicines were being correctly stored in refrigerated conditions.

Some people were prescribed medicines to be taken only 'when required.' For example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map. The last medicine audit by the pharmacist had not picked up any issues and the service was due another audit in 2016. People had a lockable drawer in their own bedrooms which they could use to store medicines safely if they managed their own medicines.

Medicine errors or near misses had been recorded and investigated by the service and if necessary safeguarding

alerts had been made to the local authority and notifications made to CQC. This was important in safeguarding people, in order for the service to learn from these incidents and in the prevention of further incidents. Staff were trained in the administration of medicines and had regular competency checks. Medicine audits had been completed weekly. The recent audits had not identified any current practice issues.

Accidents and incidents had been recorded. There was a health and safety policy for the service and within that were individual policies and procedures for activities such as manual handling and infection control. We saw people had personal emergency evacuation plans and staff had access to a quick reference sheet which identified individual moving and handling needs should the building need to be evacuated in an emergency. This was important due to the sensory impairment people had. There was a commitment on the part of the provider to maintain the health and safety of people who used and worked at the service. Staff made visual checks of electric appliances and checked fridge temperatures to ensure that people were not at risk.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw an equipment list, which stated the type, model, serviced by whom and service date. We saw small electrical appliance testing and water temperature checks had been carried out.

# Is the service effective?

## Our findings

We looked at staff training records which showed staff had completed a range of training sessions in 2014 and 2015. These included infection control, health and safety, disability awareness, food safety and safeguarding. Staff had also completed a number of course relating to client specific needs, for example epilepsy care, how to be a sight guide and autism. We saw future training dates had been identified for December 2015 and 2016.

During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff received supervision where they could discuss any issues on a one to one basis. The manager provided us with written evidence that members of staff had received supervision and an annual appraisal. We also saw staff had completed a personal development plan, which identified their own personal goals, achievements and ambitions.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which provides legal protection for vulnerable people if there are restrictions on their freedom and liberty. 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 when this is in their best interests and legally authorised under the MCA. The application 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 whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and this would be respected. Staff had completed Mental Capacity Act (2005) (MCA). The manager also told us they had arranged further MCA (2005) training to enhance the training already received and embed the principles.

The care plans we looked at contained a decision specific assessment for people living in the service. The manager explained these were updated each month to reflect any changes. This meant staff were able to make sure people who used the service were being given appropriate choices.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us there was no-one subject to a DoLS authorisation at the time of the visit. However, they told us they were in discussions with the local authority for two people who used the service and they would work with local authority on this matter.

At the time of our visit another service four doors up (number 16 Spring Mount), also owned by the provider, was having a new kitchen fitted. To help during the fitting of the kitchen people affected were having their meals at number 8. People using the service told us they were in fact enjoying having extra people for meals and that despite the dining room being busy, staff had managed to provide an additional table and people had not found this temporary arrangement too troublesome. People we spoke with told us the food was nice and they had choice. People were supported to use the kitchen and do their own cooking during the week. Staff cooked at the weekend and everyone ate together at that time. One person told us, "I go to college to learn cooking and then do some of it here with staff helping me. It works out alright." Another person told us, "The meals are very nice and there's always a choice. The group in the house plan the meals. We go shopping for what we need." Another person told us, "I need help with cooking. We try new recipes. I couldn't do half the things I can now before I moved in." People also told us that if they were out for the day, they had a packed lunch and drink with them.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their care plan. We found drinks and snacks were also available between scheduled meals.

We observed breakfast being taken in the dining room and saw this was not rushed and we noted pleasant exchanges



## Is the service effective?

between people living in the service and staff. The atmosphere, at what could have been a busy and hectic time, was calm and relaxed. We observed staff working as a team. We saw people were offered help when necessary. People were supported to do things independently rather than staff doing the task instead.

We saw the home involved other professionals where appropriate and in a timely manner, for example, GPs, chiropodists, dentists and opticians.

People living at the service had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. The manager told us, "If needed the doctor would be contacted straightaway if someone was unwell. We get good support from the local surgeries."

# Is the service caring?

## Our findings

People we spoke with told us they were happy living at the service and staff were caring and nice. One person told us, "All the staff are kind and help us with everything." Another person told us, "I like the staff and I have an advocate. They are giving me a lot of support, in lots of ways and my confidence is getting better." Another comment made to us, "I am happy. It's nice and warm and cosy." One person particularly enjoyed the 'friendly banter' and described the staff as, 'good fun.' One person told us, "It's the little things that matter." They went on to tell us how staff made an effort to help identify personal possessions by adding items which made a noise or had a particular item attached. People also explained to us how they had access to specialist manufacturers who produced items which were specifically designed for people with sight impairment or blindness. For example, talking books, large print literature, aids for cooking and utensils for them to use.

We observed staff spoke with people in a caring way which supported their needs. We saw staff responded to people quickly and respectfully, always referring to people by name. We observed the interactions between staff and people were unhurried, friendly and sensitive. Staff know people well.

People's care and support was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. We saw from people's care and support plans that people were supported to do activities which would enhance their

social lives where appropriate. Our observations indicated that people who used the service were able to spend their day as they wished. One person told us their routine for the week involved music, drama and a social club evening. They also attended courses which involved cooking skills. Other organised events involved people going swimming, taking part in a triathlon, attending sessions on papermaking, educational trips, budgeting and daily living skills. This demonstrated that people were encouraged to attend age appropriate activities and learn skills which would make them as independent as possible. There was also a focus on people using technology to enhance and develop their existing skills by using laptops, computers and smart phones.

Diaries were kept for each person which recorded their daily activities. People who used the service contributed to the diary in whatever way they wished.

We saw people were able to express their views and were involved in making decisions about their care and support. People were very comfortable in their surroundings and decided where to spend their time. During our inspection we observed some people spent time in the main lounge talking with each other whilst they waited for their transport to take them to their daily events and some people were in their own bedrooms.

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. We observed staff knocked on people's bedroom doors before entering. During the inspection staff demonstrated to us they knew people well, they were aware of their likes and dislikes.

# Is the service responsive?

## Our findings

Before people moved into the service, discussions were held on how the home could meet their care needs, wishes and expectations. The information was then used to complete a detailed care plan which provided staff with the information to deliver appropriate care. We found care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care plans contained details of people's health and support needs. We saw a 'life history' gave a very good description of the person and was person centred. A 'This is Me' document had also been completed. Each care plan we looked at clearly outlined what was important to the person who used the service and clearly reflected the person's wishes and preferences.

People's care plans were kept up-to-date and gave staff the information they needed. We saw staff had a handover between staff shifts to ensure care staff remained up-to-date with people's care needs and of the care which had been provided. The manager told us this worked well and was informative.

We saw the list of activities each person took part in displayed in office of the service so that staff could plan and arrange transport and accompanying arrangements well in advance.

We saw the complaint policy was displayed in the entrance to the home for visitors and that people using the service had had this explained to them. The manager told us people were given support to make a comment or complaint where they needed assistance. We looked at the complaint record and apart from one formal complaint in 2008; no further complaints had been received. However, the provider and manager were in the process of working through one long standing complaint with appropriate people.

One person we spoke with told us, "It's all right here. There is nothing we need to complain about." Another person told us they would, "Speak to one of the staff if I was unhappy. I have a keyworker and we just clicked. I would talk to her."

# Is the service well-led?

## Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people who used the service and were clearly known to them. The manager had worked for the provider for thirty eight years and has known many of the people who used services provided by the organisation for a significant number of years.

People who used the service said they felt comfortable and at ease discussing issues and care needs with the manager and staff team. Comments people who used the service included, "I wouldn't change anything," "and it's homely here."

The manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and their relatives. We saw there were a number of audits, which included, fire, safeguarding, housekeeping and falls. We saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

There were staff meetings and staff could contribute to the agenda and raise any concerns they might have with the manager or senior team. We saw the staff meeting minutes from September and October 2015. Discussions included updates about people's progress and care, health and safety, training and complaints. Residents meetings included agenda items such as, Christmas arrangements, activities and staffing, including the introductions of new staff.

We looked at the results of a satisfaction survey, which had been completed since December 2014. The number of people using the service is small, so the manager used the information to help steer conversations during the resident meetings. However, the four questionnaires which had been completed showed that people who use the service were satisfied overall and felt they were offered a good level of support.

Records showed the manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw safeguarding referrals had been reported and responded to appropriately.

All paperwork we looked at was informative, accurate and up to date. The detail demonstrated a good understanding of reporting and the people who used the service. The manager during the inspection was able to answer questions and had a good understanding of requirements. The director was also able to give further clarity about the service and clearly knew what was happening in the service at a local level. The service had sent statutory notifications to CQC as appropriate. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC.

We saw the policies and procedures for the service during the inspection, such as safeguarding people from abuse, medicine administration, handling money, incident and accident reporting and others. The provider promoted team work through staff engagement and the manager confirmed the staff team were committed, enthusiastic and keen to do a good job.