

Henshaws Society for Blind People

# Henshaws Society for Blind People - 66 Hookstone Chase Harrogate

## Inspection report

66 Hookstone Chase  
Harrogate  
North Yorkshire  
HG2 7HS

Tel: 01423889962  
Website: [www.henshaws.org.uk](http://www.henshaws.org.uk)

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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 ●

# Summary of findings

## Overall summary

### About the service

66, Hookstone Chase is a residential care home providing personal care and support to five younger adults with visual impairment, learning disabilities, or associated conditions. There were five people using the service at the time of inspection.

### People's experience of using this service and what we found

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The vision of the service reflected these principles ensuring people with learning disabilities have opportunities and choice and are supported to achieve their aspirations. Staff adopted the ethos to provide person-centred care that enabled individuals to develop skills and behaviours to live more independent lives, whatever the level of need.

The service was provided from one house and was registered to support five people. It therefore conformed with current best practice guidance. The service was managed in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community. Areas of the building were showing signs of wear and tear. We received an action plan after the inspection with plans for improvement.

Staff upheld people's human rights and treated everyone with respect and dignity. Communication was effective and staff and people were listened to. Staff were well-supported and were aware of their rights and their responsibility to share any concerns about the care provided. Staff told us they received training and support to help them carry out their role.

People felt safe and were positive about the care provided. Detailed care plans were in place that documented how people wished to be supported. Risks to people's safety including any environmental risks were well-managed. People were well-cared for, relaxed and comfortable. Staff knew the people they were supporting well and care was provided with patience and kindness.

People enjoyed their meals and their dietary needs had been catered for. People were supported to receive their medicines and manage their finances safely.

We have made a recommendation about the management of people's finances.

Regular audits and checks were carried out. A more robust quality assurance system had been introduced by the provider that had identified areas for improvement.

There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. People were supported to follow their interests, hobbies and to be part of the local community.

Information was accessible to involve people in decision making about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and staff were positive about the management of the service and felt valued and respected. Staff supported people to ensure they received care that helped them develop. There were enough staff available to provide individual care and support to each person.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

66, Hookstone Chase 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 manager registered with the Care Quality Commission. This 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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the nominated individual, the registered manager, the deputy manager and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and one medicines record. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. They said they were safe living at the home. One person told us, "I like living here. I feel safe."
- The registered manager was aware of their duty to keep people safe and raise or report any safeguarding incidents. A safeguarding log was in place that showed the action taken as the result of any safeguarding alerts.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns.
- The organisation provided an appointee service for some people's finances. This meant the organisation was responsible for the person's finances. This was a conflict of interest as the provider was not independent. The registered manager told us this would be addressed.

We recommend the provider follow best practice for financial arrangements to ensure there is no conflict of interest.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. This included for positive risk taking.
- Information from risk assessments was transferred to people's care plans to ensure people were supported safely.
- The provider helped ensure people received support in the event of an emergency. The management team provided an on-call service when not on duty.

Staffing and recruitment

- There were enough staff to support people. Staffing levels were flexible and were determined by people's needs.
- Effective recruitment practices were followed to help ensure only suitable staff were employed.

Using medicines safely

- Systems were in place for people to receive their medicines in a safe way.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

Preventing and controlling infection

- There was a good standard of hygiene. However, some areas of the shower room showed there were areas for improvement where the sealant and shower floor were marked and discoloured.
- Staff supported and encouraged people to help keep their home clean.
- Staff had received training in infection control practices and personal protective equipment was provided.

#### Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The building provided accommodation for some people with a visual impairment. It was suitable for people's needs. Some parts of the building were showing signs of wear and tear, paintwork was damaged around the building and the shower room required attention. We discussed this with the registered manager and an action plan was submitted after the inspection.
- People's bedrooms were personalised. They had belongings that reflected their interests.

Staff support: induction, training, skills and experience

- Staff told us they received training, including any specialist training. One staff member said, "We get plenty of training. We have a new training officer so we will be doing more face-to-face training." An up-to-date training matrix was not in place to show staff had completed the required mandatory and role specific training to meet people's needs and to keep them safe. The provider's compliance audit showed this had been identified and a matrix had been compiled after the inspection to record future staff training as it was completed.
- Staff completed an induction programme at the start of their employment, which included the Care Certificate. New staff shadowed experienced staff until they, and management were satisfied they were competent. A staff member said, "My induction took about three months. I shadowed for about a month."
- Staff confirmed they received supervision and could approach the management team for additional support at any time. One staff member said, "The manager is the most approachable manager I've had."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a healthy balanced diet. People had access to a variety of food and drink to meet their needs. One person told us, "I enjoy bread for breakfast."
- Nutrition care plans were in place, where needed, and they identified requirements such as the need for a modified diet. A system was in place to weigh and monitor people's weight. They did not record where a person did not want to be weighed. One person's weight record showed they had not been weighed since July 2019. We discussed this with the registered manager and it was addressed immediately after the inspection.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests. Records reflected where best interest decisions were made on behalf of people.
- DoLS applications had been applied for appropriately. When authorised these were monitored and reviewed.

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

- Before people received care, their needs were assessed to check they could be met.
- Detailed assessments included information about people's medical conditions, dietary requirements and other aspects of their daily lives. There was a system of evaluation and review to ensure care continued to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Care plans were in place to promote and support people's health and well-being, including people's oral health. Information was shared with other agencies if people needed to access other services.
- Access to regular health services, such as GPs, mental health, dentists and opticians was well-documented. One person said, "I go to the doctors if I'm unwell."
- Where people required support from other healthcare professionals this was arranged, and staff followed guidance provided.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection there was a busy, happy and pleasant atmosphere in the service. People moved around as they wanted. There was a camaraderie amongst staff and people. One person said, "Everything is good about living here" and "I feel lucky to live here."
- Staff supported people in a caring, attentive and patient manner. People were supported to follow their faith, sexuality and live their lives the way they wanted to.
- The service promoted a person-centred culture. Records contained information of people's likes, dislikes and preferences and staff had a very good understanding of this information.

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

- People were supported to express their views so staff understood their wishes and choices. One person said, "I do feel listened to." Regular house meetings took place with people to gather their feedback. One person told us, "We have a meeting in the evening."
- Detailed guidance was available in people's support plans which documented how people communicated and about their level of understanding to help them be involved. Communication methods such as audio, talking watches, braille and other bespoke methods of communication were also used.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected. Staff respected people's personal space and were observed knocking on people's bedroom door before entering.
- Care plans were written in a respectful, person-centred way. They outlined for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff supported people to be independent. People had household days where they were supported to clean their bedroom and do their laundry. One staff member commented, "On living skills day people are supported to do their laundry. They also do their personal shopping and go out for lunch."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was delivered by a team of consistent staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People's care records detailed all aspects of their physical, emotional, psychological and social needs. Information included what was important to the person and how they wished to be supported to achieve their goals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standards and told us of ways in which the service was meeting this. Information including policies such as complaints, safeguarding and fire awareness were available in different formats such as large print, braille and pictorial for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain and build relationships with their friends and family. They had internet access and the use of computers to keep in touch with family and friends. One person said, "I Skype my family."
- People were part of the community. They were supported to follow their hobbies and interests. They went shopping, swimming, for meals out and cinema trips, to concerts, discos and went on holidays and day trips. One person told us, "I'm going to Ripon today and want to do some shopping and go to the police museum" and "I go out for meals. We went to Great Yarmouth on holiday."
- People were supported to access day services.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- Information was available about how people wished to be cared for or if they had any cultural or spiritual wishes at this time.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place to ensure complaints were acknowledged, investigated and

responded to. A record of complaints was maintained.

- People had a copy of the complaints procedure which was written in a way to help them understand.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection although improvements had been made to records and governance they had not been consistently maintained over a period of time. At this inspection improvements had been maintained to people's care records.
- Audits were completed to monitor service provision. These were mostly effective apart from some improvements identified at the inspection. The provider's compliance department had introduced a quality assurance system that audited the manager's audits and highlighted any areas for improvement. The provider had prepared an action plan that showed dates for completion where improvements had been identified in the running of the service.
- Staff and people were positive about the registered manager. They all told us management were approachable and they were listened to. One staff member commented, "I love coming to work, it's the best place I've worked" and "We work well as a staff team."
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The organisation was committed to protecting people's rights regarding equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- Arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager promoted an ethos of involvement and empowerment to keep people involved in their lives and daily decision making. Individual and group meetings took place with people.
- Feedback was also sought from staff and people through meetings and surveys.
- There was a focus on keeping up-to-date with best practice. Staff were appointed as champions to research and promote best practice in areas of care.
- Staff communicated effectively with a range of health and social care professionals to ensure people's needs were considered and understood so that they could access the support they needed.

