Henshaws Society for Blind People

Gateshead Home Support - Henshaws Society for Blind People

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection which took place over two days the 22 and 30 June 2016. The service was last inspected in December 2014, but was not rated at that time as there was not enough activity to make a judgement.

Gateshead Home Support, Henshaws Society for Blind People is based in Gateshead and provides personal care and support to people, some of whom have sensory impairments, in their own homes. The service was supporting three people at the time of inspection.

The service had 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.

We found that people's care was delivered safely and in a manner of their choosing. People were supported in a way that reflected their wishes and assisted them to remain as independent as possible. Staff were aware of signs of potential safeguarding issues and knew how to raise them internally and externally.

Staff were well trained and encouraged to look for new ways to improve their work. Staff felt valued by the registered manager and this was reflected in the way they talked about the service and the registered manager. Staff received regular supervision and support.

People who used the service were initially assessed and then matched up with suitably trained staff to support their needs, and if people requested changes to hours of support these were facilitated quickly. People and relatives were complimentary of the service, and felt included and involved by the staff and registered manager.

There were high levels of contact between the staff and people with staff seeking feedback and offering support as people's needs changed. People and their relatives were able to raise any questions or concerns with the service and were confident these would be acted upon. No one we spoke with had any issues or complaints about the service they received.

Staff worked to keep people involved in activities that mattered to them where possible. Relatives thought that staff were open with them about issues and sought their advice and support with the permission of the person.

The registered manager was seen as an experienced leader, by staff, people using the service and peoples relatives. The registered manager was trusted and had created a strong sense of commitment to meeting people's diverse needs, supporting their staff and developing a better service. The registered manager had identified the need to develop quality assurance processes if the service expanded further.

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.

Staff knew how to work to keep people safe and prevent potential harm from occurring. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Recruitment records demonstrated systems were in place to ensure staff were suitable to work with vulnerable people.

Staff were trained and monitored to make sure people received their medicines.

Is the service effective?

Good

The service was effective.

Staff received support to ensure they carried out their role effectively. Supervision and appraisal processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request support from health and social care services to help keep people well.

Staff had a basic awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity.

Is the service caring?

Good

The service was caring.

People and family members told us staff were very caring and respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care for the

person.

People were helped to make choices and to be involved in daily decision making.

Is the service responsive?

Good

The service was responsive.

People had their initial needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and changes in need over time.

People could raise any concerns and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of empowerment and compassion amongst staff and people who used the service.

Staff said they felt well supported and were aware of how to contact the registered manager or on call for support throughout the day.

The registered manager monitored the quality of the service and looked for any improvements to ensure that people received safe care.

Gateshead Home Support - Henshaws Society for Blind People

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 the 22 and 30 June 2016 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector who visited the services office on 22 June and telephoned staff, people using the service and their relatives on the 30 June 2016.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with five staff including the registered manager. We spoke with two people who used the service and two relatives.

Three care records were reviewed as was the staff training programme. We also reviewed three staff recruitment files, supervision, induction and training files, and staff meeting minutes. The registered manager's quality assurance process was discussed with them.

Good

Our findings

People and relatives told us they felt the service provided was safe and helped to keep them safe. One person told us, "I don't have lots of different carers, they are the same carers and they know what I can do and when I need support. I lost confidence after a fall and needed that little bit more help than before to stay safe and feel safe again". A relative also told us that staff looked for possible risks to their relative. They told us the carers had assessed the home environment to see if there was any way to reduce risks in their relative's home. They told us they hadn't expected all the other support that came with the service, and both they and their relative felt assured by the service to date.

We looked at safeguarding records, and spoke with staff about their safeguarding training and their knowledge. We saw that the service had worked with a person's social worker around an issue of vulnerability. They had formulated a clear care plan with the person which meant staff discreetly supported the person to stay safe. The staff we spoke with were clear how they supported the person to stay safe, whilst respecting and balancing their rights and choices to take risks. Staff told us how they would raise any concerns, and they all felt confident the registered manager would take prompt action. We saw that these plans had helped to keep the person safe over a long period of time.

The registered manager told us they reviewed accident and incidents, looking for ways to reduce future likelihood of events occurring. The registered manager showed us how they assessed each person prior to commencing any service, creating an initial care plan alongside the person, any relatives and external professionals. This identified any risks in the person's home environment or that may occur as a result of delivering care. At this point they would check to see if any aids or adaptations could assist the person to reduce any risks and create an initial care plan. Staff we spoke with told us their specialist knowledge of supporting people with visual impairments meant they often identified simple solutions that could reduce risk. One staff member told us, "We find that people haven't really been supported well in the past, that there are simple and cheap bits of kit that can really assist someone to remain independent and safe in their own home".

Staff told us they felt able to raise any concerns they had about the service provision. They told us the manager was receptive to comments and suggestions, and they knew how to contact external agencies to raise their concerns, or 'whistleblow', if necessary. Staff had attended training to support this, and in the registered office we saw that staff had information about raising concerns in the provider organisation.

The registered manager told us how they assessed for staffing numbers at initial assessment and that most

care was one to one but that where risks were identified then staffing was available to meet people's needs. People we spoke with told us that staff knew how to support them and had been introduced to them beforehand and they had shadowed senior staff. Some staff told us they had shadowed staff in preparation for annual leave so they were trained in advance to support people if required.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS). A DBS checks if people have any criminal convictions. We saw that these DBS checks had been obtained before applicants were offered their job. Application forms included full employment histories and we saw that previous employer references had been checked. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Staff told us they were trained to both prompt and administer medicines to people they supported. Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed annually. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. Suitable checks were made and support put in place to ensure the safety of people who managed their own medicines.

Staff had completed infection control training and told us that protective equipment, such as gloves and aprons were available as needed.

Good

Our findings

People using the service told us the service supported them in a number of ways. One person told us they were supported with childcare and accessing other community services, another with personal care support and regaining their confidence. Relatives we spoke with also told us the service was effective at supporting their family members. Both people and relatives we spoke with told us the service was effective, as it met their primary needs, but also supported them in other ways, for example advice and information about benefits or adaptations.

Henshaw's operates a number of services locally including a care home. The registered manager and staff we spoke with were experienced and mostly worked at a Henshaw's care home for people with sensory impairments and disabilities. The staff we spoke with told us they had undertaken all necessary training to help them meet the needs of the people they supported. This included obtaining extensive training in specific sensory techniques; disability awareness; equality and diversity; health and safety; and courses in safe working practices. Staff told us the training they received was relevant to their roles in both a care home and community setting.

We looked at staff induction training and supervision records. We saw that staff undertook the provider's induction training and this was checked by senior staff and at supervision. Staff told us the training was reinforced by staff being observed in practice as well as discussions amongst the staff team. The registered manager said any new person using the service met a new staff member who then shadowed experienced staff before working alone.

Records showed us that staff received regular supervision from the registered manager; this allowed staff to discuss issues at work that affected people using the service. Staff told us they felt supervision was effective and they had been subject to annual appraisals of their work. We saw that staff accessed further training and were encouraged to set personal goals at appraisal.

People told us the staff kept them up to date with any changes to their service, and the registered manager told us they talked to people regularly to ensure that any concerns or issues were picked up promptly.

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. CQC monitors the operation of the Mental Capacity Act 2005. We saw that people's consent had been sought by staff as a part of the initial assessment process, as well as ongoing before care was delivered. Staff told us they had knowledge about using mental capacity legislation and this had been used to assist in deciding how best to support a person in their best interests.

Staff said they supported one person with food shopping and cooking meals. We saw this formed part of the person's objectives within their care plan. We saw this helped them achieve a personal and health need. Another person was supported to regain confidence after an incident. They told us staff had supported them practically and emotionally to meet this goal. Their relative told us staff had helped them to "Get back to their old self again" when they thought it was impossible.

We saw that some care plans had health goals to improve people's wellbeing. These were focused and had realistic aims. We saw this involved the staff supporting people to attend healthcare appointments and in seeking out information and advice on ways to achieve these goals. For example one person was supported to improve their physical wellbeing.

Good

Our findings

People and their relatives told us the service cared for them in a way of their choosing and with empathy for their disability. One person told us, "I know I can rely on them, and I appreciate their going that bit further". A relative told us, "I wasn't sure what to expect, but they have cared for my [Relative] like they were family". There was no negative feedback about the caring nature of the staff or service.

The registered manager and staff understood people's individual needs and told us how they supported them to retain control over their life. For example staff told us how they assisted people with managing their finances to save for upcoming events. One person was supported with childcare and this assisted them to continue to enjoy family life as well as have their own support needs met. Staff were skilled in supporting people with visual impairments and constantly looked for ways to increase independence as well as engagement with mainstream community activities, such as accessing a gym.

The provider had a range of policies and procedures which directed staff to support people in ways that recognised their diverse needs. For example one person who had retired was still supported to be, as they described "Young at heart, and not old". Staff we spoke with told us how people with visual impairments and other disabilities still had rights to be full members of society and how they supported them to regain their independence through encouragement.

The staff we talked with demonstrated a caring approach which they balanced with promoting and enabling the person's independence. They told us they placed an emphasis on involving the person in all aspects of their support, and in doing things with, and not for, the person. For example we saw that care plans showed how to support a person, whilst identifying what tasks they could complete with prompting and guidance rather than direct support.

The registered manager told us how staff were supported to maintain the values of the provider organisation, of empowerment and support to people. Staff we spoke with reflected these values back to us when we spoke with them, and in the way in which notes and records were updated. We saw that discussion about these values took place at team meetings and in supervisions and appraisal.

Staff told us how they ensured peoples confidentiality and privacy were respected, for example by seeking peoples permission before sharing information about them with relatives.

We saw that people had been supported to access external support at critical times, such as advocacy or

social work, and staff told us how they could access these services as required. The registered manager had information about these services in their office.

Good

Our findings

People told us they felt the service was responsive to their changing needs. One person told us that, "I had to make changes to times and they had no issues with accommodating that". A relative told us, "I thought they would just stick to what was requested, but they came back with suggestions about changing the support, and they made a lot of sense. My [Relative] was happy with the ideas so they went ahead". We saw that one person who had used the service for a long time had made several changes to how their support hours were used. We saw that as goals had been met and new ones developed, the support changed to accommodate this flexibly.

People's care plans were personalised and based on discussion with them or their relatives, as appropriate. These were detailed and written in plain English. Staff we spoke with told us care plans were easy to use and formed the basis of their support to people. Initial care plans were drafted before any care commenced to assist in identifying suitable trained staff, and then amended with the person as their needs changed over time. Staff explained that plans were reviewed regularly, mostly monthly, but more often if people's needs changed. Staff who had not worked with people for a while told us they had time to review care plans and speak to other staff to update themselves before starting work with a person again.

We saw that people's support was planned in line with goals they wanted to achieve. Individualised care plans were recorded for each goal, setting out clearly the support people required from staff. The plans were evaluated on a regular basis and provided evidence of the progress being made. Additional records were kept in the person's home, including a support timetable, records of each visit, and a diary to help manage appointments. At the service a contact sheet was maintained to log any contact with people.

People were supported with essential tasks, such as bathing, but also to look for occupation and leisure activity, such as exercise groups. People told us that staff supported them with suggestions and accepted their ideas, and that staff also accepted their choice when they declined.

Staff told us that preventing social isolation was part of their role and they had time to spend with people as they were not exclusively task focused in their work. They told us the risks of isolation that a person with a visual impairment may have encountered, and how to support them to overcome these barriers through advice, and practical support.

The registered manager told us how information about how to raise a complaint was made available to people at initial assessment. This was then part of any review or survey of people. The service had not

received any complaints, but the registered manager told us the process they would follow. They showed us how people would be supported if they wished to raise any complaint, and accessible material that was available to support this. No one we spoke with had any complaints but felt able to raise any with the registered manager if they had any.

Good

Our findings

People using the service told us the registered manager regularly checked whether they were happy with their service. We saw that feedback was sought informally on a regular basis from all people and relatives, and this was positive, with positive comments about staff support and the registered manager. When we spoke with people and relatives about the leadership of the service they all made positive comments about the contact and support they received from the registered manager.

The registered manager told us they helped to keep staff positive through good support and training for them. They told us how this helped them have the right skills to support people well and feel the positives of doing a good job. Staff we spoke with told us they felt the service offered a positive 'can do' attitude to supporting complex needs. All the staff we spoke with felt able to raise any concerns with the registered manager and felt confident they would be resolved.

The registered manager was present during our office visit and was able to get information requested quickly and was open and transparent with us throughout the inspection. They had identified that the service remained small and were looking at ways to develop the service further. As part of this they had sought further ways to engage with the visually impaired community to offer the service and support. They were able to tell us about other agencies they had regular contact with and shared knowledge and information with, such as social groups for people with visual impairments. The registered manager was trusted by their staff team and had created a strong sense of commitment to meeting people's diverse needs.

We checked the registered manager's knowledge of the legal requirements of a registered person, and they had told us about incidents affecting the service in a prompt manner.

We discussed the services quality assurance and audit process. As the service was still small this was based on reviews of each care plans effectiveness on an ongoing basis and was limited in scope. The registered manager recognised that if the service developed further they would need to develop a more formal process to check the effectiveness of service delivery. They were able to tell us about the options they had considered.

We recommend the registered person reviews the provider's quality assurance process.

The registered manager undertook reviews of the service via checks of care records and through contact

with people using the service. We saw this review of records had led to changes in how peoples care was delivered. We also saw that after an incident with a lone worker the registered manager had undertaken a full review of this area of risk and initiated positive changes to reduce risk to staff and people using the service.