

Henshaws Society for Blind People

# Henshaws Society for Blind People - 8 Spring Mount Harrogate

## Inspection report

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Date of inspection visit:  
03 January 2018  
10 January 2018

Date of publication:  
26 February 2018

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 3 and 10 January 2018 and was announced on both days. We gave the provider 48 hours' notice because the service supports a small number of people and we needed to ensure people and staff were available to carry out the inspection.

Henshaws Society for Blind People – 8 Spring Mount Harrogate is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Up to six people can be accommodated at the service. Six people lived there when we inspected. All of the people who lived in the service had a sensory impairment and/ or a learning disability and/or autism spectrum disorder.

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 a learning disability and/or autism using the service can live as ordinary life as any citizen.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good. However we saw improvements had been made and the service was now outstanding in the responsive area.

There was a manager in post who had registered with CQC.

Systems in place minimised the risk of harm to people. These included effective risk assessment of people's needs, management of medicines, safe recruitment and effective management of accidents and incidents. The environment was well maintained and the provider had ensured all appropriate safety checks had been made.

We made a recommendation that the provider use the theory of Positive Behavioural Support (PBS) to design a care plan format which will provide staff with the information they need to intervene proactively where people need support. PBS is a method of learning about a person and why they may become anxious or distressed. Once staff understand why, they can work to remove triggers and/or support people better to prevent anxiety.

There were enough staff on duty to meet people's needs. Staff received appropriate levels of training and support to enable them to carry out their role to a high standard. People benefited from staff having exceptional skills around understanding each person's needs and aspirations. This included an excellent understanding of sensory impairment and how to use assistive technology to support people to be as independent as possible in all areas of their life, particularly through positive communication. Information was available in each person's preferred format including policies and procedures such as complaints.

This meant people had feelings of wellbeing and a sense of being valued and included. People were supported to design their own care and make their own choices. They were treated with dignity and respect at all times.

The staff team were supported by an experienced registered manager who worked alongside the team and people who lived at the service, to ensure people received a quality and safe service. Quality assurance systems were effective.

The person centred care people received meant they were supported to achieve their chosen goals, maintain good health and improve their skills. Staff went the extra mile so people were able to live as full a life as possible.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service improved to Outstanding.

### Is the service well-led?

Good ●

The service remains Good.

# 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 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.

This inspection took place on 3 and 10 January 2018 and was announced on both days. The provider was given 48 hours' notice because the service supports a small number of people and we needed to ensure people and staff were available to carry out the inspection.

The inspection was carried out by an inspector and an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On day two, one inspector visited alone.

Before the inspection we reviewed all of the information we held about the service. This included information we received from outside agencies and statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service prior to our visit. The provider completed a provider information return (PIR) prior to this 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 used all of this information to plan our inspection.

We spoke with four people and three of their relatives. We spent time in the communal areas and observed how staff interacted with people.

During the inspection, we spoke with the registered manager, a care worker, the human resources manager, housing and support manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from three visiting professionals during the inspection.

We reviewed a range of records. These included three people's care plans including medication records, three staff files one relating to recruitment and two relating to supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

# Is the service safe?

## Our findings

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

People told us they felt safe and received support from a consistent team of staff. One person said, "I know I am safe because I feel confident. I have lots of confidence in the staff." A relative told us they were happy with all aspects of care and that, "Staff go above and beyond their duty."

The provider had a safeguarding policy in place, which was understood and followed by staff. Safeguarding referrals had been made to the local authority when required. We saw advocates had been involved in some safeguarding situations to support people to understand and make their own decisions or communicate their opinion. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Staff had assessed the risks associated with providing support and enabling people to be independent. One person had been supported to develop the skills to inject their own insulin. They told us, "I am very proud I can do this as are my family." Another person was supported to spend time in their home alone without staff support to encourage their confidence and independent living skills. All risks were monitored and reviewed appropriately. A visiting professional told us, "All residents have a risk assessment, especially in relation to being unsupervised. All residents are reminded about personal safety and reporting concerns by staff."

Staffing of the service was safe. The registered manager understood the amount of staff needed to meet people's needs and what the minimum staffing levels needed to be at all times. The registered manager told us how they allocated staff to shifts in a flexible way depending on what people wanted to do and their needs. People knew which staff were on shift by pressing a device called a 'Talking lid' on which staff had recorded who was on duty each day and who the on-call manager was. People told us enough staff were on shift to keep them safe and meet their needs.

The service was clean and well maintained. The provider ensured all safety checks of the building and equipment had been completed.

Safe systems were in place for the safe management of medicines. People were supported to be as independent as they could be in this area.

Procedures in place to recruit staff were safe. People had been involved in the recruitment of their staff. They took part in the process and helped to score the candidates performance at interview and were therefore part of decision making. People told us they took this role very seriously and were proud they had picked such good staff.

Where people may become anxious and display behaviours, which may challenge the service and others, we saw the care plans in place contained details of what staff may see and how to avoid such situations. The

format used did not link to the positive behavioural support (PBS) knowledge provided on training to staff. We made a recommendation that the provider use PBS theory to design a care plan format which will support staff to intervene proactively when needed.



# Is the service effective?

## Our findings

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

People and relatives told us they felt staff were well trained and had the skills needed to provide effective support. One person told us, "Staff are well trained. They never stop training!"

Training had been provided in a wide number of areas, which included safeguarding, medicines and moving and handling as well as specialist training in areas such as epilepsy and sensory impairment. Staff had received an appropriate induction and were supported to complete the care certificate. The care certificate sets out learning outcomes, competences and standards of care that are expected. The provider was keen to support staff with their on-going development and one member staff told us they were on an apprenticeship in health and social care.

Staff had received regular supervision and an annual appraisal. We saw the registered manager had ensured each staff member had goals to achieve and responsibilities delegated to them. These were reviewed each time they met their line manager to review progress. Staff told us they felt supported.

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.

We checked whether the service was working within the principles of the MCA. At the time of this inspection the service did not support anyone who lacked capacity. People had consented to care they received by signing their care plan. People told us they had been involved in the development of their care plans and this was clear from discussions we had. One person told us, "Staff support us to make our own decisions and choices. They are there to make suggestions." Information was presented to people in a format they could understand; this included audio, large print and braille. This helped people have full information to support their own decision-making.

People were supported to be independent with meal preparation through the adaptation of equipment and use of technology. For example; the use of 'Talking lids' to record the name of food items to playback when pressed so people could find what they wanted in the food cupboards. Talking kettles, microwaves and toasters were also used. We also saw a 'Pen friend' used where personal messages could be recorded and played back when attached to items. Staff offered people healthy options and supported them with audio recipe cards. One person said, "I was sticking to recipes I knew from college and I got bored so staff helped me record new ones (recipes)."

People were able to access healthcare professionals when needed. People had health action plans, which

helped to assess if they had received the correct health support. We saw people had a 'Hospital passport', which gives professionals important information about people's needs if they are admitted to hospital. One person said, "If we are poorly staff make sure we get an appointment ASAP."

# Is the service caring?

## Our findings

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

People told us, without exception, that they were well cared for and treated with dignity and respect by all staff. One person told us, "It feels like a family. We sit at weekends and have a meal together and have a good catch up." A relative told us, "I can die happy because of the support and care my family member receives from staff at Spring Mount."

We spent time with three people together who were able to describe the caring support they received as, 'Being there when we need them (staff) and they are always straight there. Supporting us and helping us improve our lives. Organising trips and leisure activities.' One person gave an example and said, "Staff supported us to Kendal with our choir so we could join in. That tells you how caring they are." Another person went on to say, "We have a real sense of community with our friends and staff foster this. Without the encouragement of [name of member of staff], I would never have joined 'Henshaws got talent' (the provider's talent contest). I sang a song I wrote myself a long time ago."

Each person had had their communication needs assessed and staff knew their preferred method. People used braille, large print and audio to support their communication needs. We observed staff working in an enabling way, which meant people were independent. Staff showed respect towards people during interactions by listening and empowering them to communicate themselves. A visiting professional told us they had experienced this, they told us, "When I was asking the resident questions the manager only took an active part in the meeting when the resident appeared to struggle to answer my question, or to prompt/remind the resident of something."

People's privacy, dignity and choice were respected by staff. Staff were able to tell us that they ensured they knocked on doors to seek permission to enter a person's bedroom. We saw care plans included people's preference of female or male staff for personal care support.

Staff knew people's preferences, likes and dislikes alongside their personal histories. All of this meant they were able to support people in a way, which they preferred and develop meaningful relationships based on mutual respect.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required. People had used an advocate where needed. A visiting advocate told us that staff supported people to develop a relationship and communicate with them to ensure the process had been effective.

The registered manager told us a member of the public had approached them at a recent Christmas party, which had been arranged at a local hotel for all the staff and people who lived at the service. They were a social care professional unknown to them. The member of the public went on to congratulate the team of

staff on their caring approach and attitude. Everyone was really pleased with this compliment and the person who lived at the service agreed, they said, "The staff team here are fantastic and they really care about us."

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service had improved and now provided outstanding responsive care and support.

Care plans were extremely person centred. They contained very person centred detail about how people wanted to be cared for including information about people's preferred routine. People had been involved in developing their own care plan and had taken part in regular reviews. One person told us; "I am definitely involved and I am happy with my care plan. Staff do everything how I want it to be." A visiting professional told us, "The service regularly updates care plans if there is a change and seeks to get appropriate support if they have concerns." People agreed with us that staff had exceptional skills around understanding each person's preferences and aspirations alongside their individual needs. People told us they felt valued because they were listened to and were fully involved.

Each person had their own personal goals and progress was monitored with the person and their keyworker. A keyworker is a person who is delegated to support a person to ensure they receive care how they want it and that their needs are met, including a person's aspirations. One person's opinion was recorded in their annual review, they said, 'I have enjoyed this year and I am pleased with how well it has gone, and I am looking forwards to see what next year brings'. This comment reflected the very person centred approach staff exhibited around ensuring people received support designed to achieve goals, improve outcomes and maintain feelings of wellbeing.

People were able to tell us about their goals and their progress. Goals ranged from support to manage anxiety independently to increasing independent living skills and advice around maintaining positive personal relationships. We asked people what their main achievements had been and they told us, "Always being busy" "Going on holiday abroad" and "Support to go running with a volunteer and developing friendships with people I met at the park run." A relative told us they understood the positive impact being part of the park run had on their family member they said, "My family member is healthier than they have ever been and have more confidence in meeting people."

The staff team had a definite focus to help people feel confident and happy. Examples of this meant that staff had supported people to increase their independence through structured goals in living skills. They had also supported people alongside professionals to maintain their mental health. Staff ensured each person was the focus of their interventions and success was always the aim. One person told us that staff had supported them to access college to develop self-help skills around stress management. They had also supported them to understand 'Mindfulness' an approach used to help people relax and cope better. They told us, "I had problems sleeping and staff helped me do mindfulness which helps me be calmer and relaxed, it also makes me more independent."

A visiting professional told us they had observed how staff had taken the time to get to know a person and understand with their help what the person needed to maintain their mental health wellbeing. They told us,

"There has been improvement because we have seen a reduction in the use of medications and the person has been discharged from psychiatry services." This was an example of how the staff responsiveness being person centred can achieve positive outcomes.

People told us that due to their sensory impairments small changes could mean a lot. They said staff were very responsive to their needs and helped them understand any changes and that this calmed them. They gave an example of a change to a person's medicine prescription where a complex administration regime was needed. Staff had supported the person to remember and this maintained their independence. Staff were trained to understand the needs of people who had a sensory impairment and this included understanding how to use technology and innovation to increase independence and maintain safety. Staff demonstrated excellent understanding and displayed outstanding skills in this area. This included supporting people to access the community by being a guide for them or supporting independence with household tasks. The little details meant a lot to people, for example, one person wanted to independently choose their own CD to listen to music. Staff had supported the person to use their 'Pen friend' to label each CD so they could choose what to listen to independently.

Staff went the extra mile to develop opportunities for people to live as full a life as possible. People were extremely happy with the support they received, to access personalised activities and help to maintain relationships with family and friends. A wide range of activities had been sourced including, nights out, date nights with partners and holidays. Each person had regular activities such as, college, classes, choir practice and household tasks. Running alongside regular plans they had access to events and opportunities they had chosen to try, such as, cinema and meals out. One person told us, "Christmas was bonkers. We are in the choir and we did the Christmas lights switch on and the lantern parade in Knaresborough with the arts and crafts centre."

One person described the sense of fulfilment they had achieved by accessing a local choir group. They said, "At the choir it feels like everyone has the same interest, able bodied people don't make us feel any different. They don't take pity on us, we are just a part of what is going on and they all help us." This person described how staff had supported them to use a Dictaphone to record rehearsals of the choir so they could listen back and work out the progress the group was making. They told us, "I use my Dictaphone at choir to see how well we have done. It is like having a photograph for a person with a sensory impairment." A relative described the outcome for their family member joining the choir as, "The best thing that could have happened for them."

People were keen to describe to us that their lives were full of great opportunities to develop new friendships, experience new things and that they really enjoyed their lives. They felt the registered manager worked hard to respond to their needs when they wanted to go somewhere new and they told us they knew this was not the same for everyone who lived in a care service. One person said, "[Name of registered manager] makes sure whatever we want to do that staff are there to support us. I hear that in other people's homes that they do not always have enough staff to do things. It makes you realise how lucky we are. If we give enough notice changes are made."

The provider had a complaints policy in place, which was available in audio format so people with a sensory impairment could access it. People we spoke with confirmed they knew how to make a complaint. Records showed that complaints had been managed appropriately.

People we spoke with told us some of them had recently suffered bereavements and that it was important that staff knew their preferences around arrangements they would like in the future. The manager had started to ask relatives and people what their preferences were to ensure they were detailed within their

care plans.

## Is the service well-led?

### Our findings

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives, visiting professionals and staff spoke positively about the manager and their approach. Comments included, "I have full confidence in the manager" "We have to tell [Name of manager] to stop working because she would not stop if we let her" "The contact with the manager is very positive. A few years ago I did some training around person centred practice and I am pleased to say the team proactively put my suggestions in place and continue to practice in a person centred way" and "The manager listens and tries to provide a good service."

The registered manager and team of staff worked with people, their families and professionals to deliver a service, which achieved high levels of wellbeing for all. This inclusive approach meant a positive culture had developed and morale was good within the staff team. Everyone employed understood their responsibilities and worked in a way, which empowered people who lived at the service to live as ordinary life as any citizen. Systems had been adapted so that information was available to people with a sensory impairment to ensure they were included and empowered. This included audio versions of meetings and policies.

People and staff had regular opportunities to voice ideas or concerns through staff meetings, residents meetings and their own individual staff supervision or people's keyworker reviews. People and staff told us they were listened to and where possible change had been instigated based on their suggestions.

The provider had a system in place whereby a peer manager would check the quality and safety. Alongside this audit, the registered manager and team completed regular checks in areas such as medicines, care plans and health and safety. Overall, we saw the system was effective. The nominated individual discussed plans to review the provider's quality assurance system. These included, better structure linked to good practice and checks being completed by a senior manager in addition to those made by peer managers.

The provider shared information so lessons could be learnt following incidents. It was clear that when an incident had occurred, the provider was open and honest and any areas of improvement were shared. Policies and procedures were being updated when we visited including the people who used the services. The registered manager was part of best practice forums within the social care sector to support them to keep their knowledge up to date.

People were regularly asked to provide feedback via 'What do you think' questionnaires. Recent feedback was positive. Where people had asked for improvements or changes to be made, these had been actioned.



For example, a person who felt their choice of food was becoming boring had been supported to develop a new personal goal to seek new recipes to try.