Henshaws Society for Blind People

Harrogate Home Support Service

Inspection report

The Drive
Bogs Lane
Starbeck
North Yorkshire
HG1 4ED

Tel: 01423814548

Date of inspection visit:
06 June 2017

Date of publication:
11 July 2017

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

Harrogate Home Support Service is registered to provide personal care to adults with a learning disability. People are supported by staff to live individually in their own homes or in small groups in independent supported living schemes. Different levels of support are provided over the 24 hour period according to people's requirements. At the time of our inspection 23 people were in receipt of a service, eight of whom were in receipt of a personal care service.

At the last inspection on 16 April 2015, the service was rated Good. At this inspection we found the service remained Good.

We found that the service had established processes to protect people from abuse and respond to concerns. Measures were in place to reduce identified risks and make sure people received safe care and support. The provider had recognised the need to review risk assessments to take account of people's higher support needs and the additional risks this could pose in an emergency. They were undertaking a review of health and safety arrangements, including updated training for staff.

Robust recruitment procedures were followed to check the suitability of new staff. Established systems were in place to involve people who used the service in the recruitment processes. We discussed the ways this could be extended to include the views of people whose voices are less easily heard.

Sufficient staff were employed to support people in line with people's assessed needs and agreed care package. The staff team was well trained and supervised to support their development.

People were appropriately supported to maintain their health and take their prescribed medicines. Staff assisted people with their dietary requirements and people were involved in the planning and preparation of their meals to the extent of their abilities.

In their feedback, we received varying views from the relatives we spoke with. Examples included the quality of activities and person-centred care provided. The provider had recognised the need to strengthen the quality monitoring processes to ensure the quality of the service remained under review and drive improvement. They were actively recruiting to a new quality assurance post in the organisation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a registered manager who regularly sought feedback from people and their families about their experiences.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Harrogate Home Support Service

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 6 June 2017 and was announced. We contacted the service on 31 May 2017 to give 48 hours' notice of our visit, but this was delayed by agreement until the registered manager could be available.

The inspection was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 reviewed the 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. We asked commissioners from the local authority for their feedback about the service. We considered responses to a survey completed by one service user and four members of staff. We used this information to plan the inspection.

On 6 June 2017 the inspector visited the service's office and two supported living houses.

We spoke with the registered manager, three support staff, office staff and the nominated individual. A nominated individual is a senior person within the organisation, who can speak on behalf of the

organisation and about the way the regulated activity is provided. We met the training officer and health and safety manager.

We reviewed care records for four people, and we looked at records relating to the management of the service such as recruitment records for three staff, quality audits, minutes of meetings, and the statement of purpose. We looked at the electronic training planner and supervision records for two staff. We met one person who used the service and observed the care they received.

After our visit to the agency office the expert by experience spoke with four relatives by telephone.

Good

Is the service safe?

Our findings

Safeguarding policies and procedures were in place and records showed staff had received safeguarding training in line with the organisation's policies and procedures. These measures helped to raise staff awareness about safeguarding and protecting people. Senior staff had received additional training to enhance their understanding of local safeguarding protocols and their responsibilities within the safeguarding framework.

The person we visited looked relaxed and was at ease with the members of staff who supported them. When asked if people were safely supported one relative told us, "Very much so. [Name] is definitely thriving there," and, "[Name] goes back quite happily and is very relaxed."

Care plans contained individual risk assessments, which covered nutrition, manual handling, epilepsy, and moving and handling as appropriate. One relative told us, "[Name] is always very clean and is cared for properly," and, "[Name] is well fed and looks well -nourished with good skin and shiny hair."

We found staff were recruited safely with full employment checks in place before they started work. Checks included an application form so gaps could be explored, references, an interview and a disclosure and barring service (DBS) check. This included a police check and assurance that the potential candidate had not been excluded from working with adults at risk. These measures helped the provider make safer employment decisions.

Records were available to show that staffing was provided in line with people's assessed care needs and agreed contracted hours. In their feedback to us staff reported that there were enough staff to complete all of the care and support required by the person's care plan. We received conflicting views from relatives about staffing levels. One relative felt that staffing was not always sufficient to support people to follow their chosen leisure activities in a flexible way. Another relative told us that their family member "Definitely" had enough staff. And another relative said, "[Name] knows who is coming and it is regular, and that's good. [Name] gets on very well with their support worker and there is another regular substitute. I'm very happy with that."

At our last inspection we found that while people were involved in staff recruitment this was dependent on their skills and ability. We spoke with staff about how they could promote the involvement of people who had highly complex needs so that their views could be incorporated into the recruitment process. The staff we spoke with had some good ideas how this could be taken forward in a positive way for the people they supported. For example, they said relatives could be included in staff recruitment.

We saw that routine maintenance checks were completed and staff carried out weekly health and safety checks. The registered manager told us that wherever possible people who used the service would be involved in the completion of these checks. Records demonstrated that staff received fire safety training in line with the organisation's policies.

People lived individually or together in small groups in supported living houses. The registered manager told us that fire safety arrangements differed according to the house where people lived. For example, one person lived in a flat where smoke detectors were linked to an external contractor meaning that an automatic alarm would be raised in the event of a fire. Other houses had 24 hour staffing and in these cases domestic smoke detectors were fitted. This would mean that staff had to raise the alarm by telephone while also assisting with the evacuation of people from the houses. In one house we noted that the door keys were kept on a hook by the door, which could cause delay in the event of a fire. We identified the people in this house would be fully dependent upon staff for their safe evacuation and safety in a fire. For those people with higher support needs their dependence would be greater in an emergency and this pointed towards the need for higher safety standards. We spoke with the nominated individual and the registered manager about the fire safety measures presently in place and the potential need for additional detection or measures to be taken in these cases. The nominated individual said they had followed previous guidance from the local authority health and safety managers. They told us of the recent appointment of a health and safety manager and said part of their role would be to review the safety arrangements in community houses.

Staff were trained in medicines management and a process was in place to make sure staff competency was assessed. We saw that individual protocols were in place for staff to follow to reduce the risk of harm to people. For example, one person had a care plan in place for their epilepsy to help stop or lessen the severity or length of a seizure. Staff were able to clearly describe the care plan in place and knew this had to be followed promptly to assist the person when they had a seizure. This showed us that staff were trained and acted promptly in response to identified risks. In their feedback the local authority confirmed that issues they had identified around recording, including around medicines recording, had been resolved. We discussed published guidance, which was issued by the National Institute for Health and Clinical Excellence (NICE) in March 2017 titled 'Managing medicines for adults receiving social care in the community'. The guidance aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home.

Records showed that the registered manager or deputy manager reviewed incident and accident forms. The health and safety manager also compiled a record of these centrally for the organisation. The nominated individual told us of planned improvements to allow them to interrogate systems more effectively to identify themes and trends in individual services.

Good

Is the service effective?

Our findings

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.

At our last inspection in April 2015 we recommended that the provider ensured that all staff received training on the Mental Capacity Act 2005.

At this inspection we identified the service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, and records confirmed how the person demonstrated their consent. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Some people were subject to court of protection orders, as they did not have capacity to make decisions about the care and treatment they required. The registered manager was working with other professionals where further people might need to be referred for these arrangements.

The provider promoted the use of positive behaviour support for people who exhibited distressed behaviours. Care plans included an assessment of people's disability, impairment or sensory loss to ensure that the information provided to them was presented in a way that they could access and understand, and any communication support that they might need. Staff clearly knew people very well and they told us about triggers to behaviour which meant they could identify emerging situations and take action to prevent behaviour from escalating. One relative told us, "They know when [Name] wants to be quiet and left alone or go out."

Records showed that new staff received induction training to prepare them for their roles. This included undertaking the 'Care Certificate', a standardised approach to training for new staff working in health and social care.

Staff received a mix of classroom based and e-learning training and details of on-going training showed that staff completed a range of training, including client specific training such as epilepsy. Staff had supervision and annual appraisal to support their personal development.

Both staff and relatives commented that a stable well trained staff team was essential to provide consistent, safe care. For some people who had complex needs changes to staff were particularly challenging and staff reported changes to staff could result in increased distressed behaviours. In the main people thought this was well managed. One relative said they felt that staff were sometimes, "Thrown in at the deep end as they were needed at the time." Other comments we received from relatives included, "They all seem competent at what they're doing," and "[Name] has vastly improved in their behaviour, attitude and confidence in the last year. It has got to have something to do with how they are cared for. The support is as good, if not

better, than when [Name] was at home."

We identified that some staff health and safety training was out of date according to the provider's records. During our visit the nominated individual discussed this with the newly appointed health and safety manager to ensure staff received this training as a priority and we have asked them to confirm once this is completed.

People's nutritional needs were assessed and care planned, including support with weight management and advice from dietitians. We saw that people were involved in menu planning, food shopping and preparing drinks, snacks and meals. One relative commented, "[Name] has lost quite a lot of weight since she has been at her home and has healthy snacks, fruit and vegetables. They always prepare nice meals for her. She looks very healthy. She's not missing out on anything." Another relative however felt that the joint arrangements in place to purchase people's food weekly was not well managed and commented it appeared to result in a lot of waste.

Information was gathered about medical history, health conditions and care plans focused on people's health and well-being. People were supported in accessing a range of health care services and all contact with, and advice given by health care professionals was documented. The registered manager reported good working relationships with health care professionals.

Good

Is the service caring?

Our findings

Relatives told us the staff were kind and caring and were confident that people were treated with dignity and respect. Comments included, "I am very pleased with the care; I think they're doing a fantastic job," and "I can tell staff are kind and caring by [Name's] general behaviour; it is the way they [staff] talk and the way they do things."

Care plans described how staff protected people's privacy and dignity. For example, for one person their care plan stated 'This is the order I have found best to put clothing on'. A care worker explained the person sometimes left the room before they were fully clothed and by following the care plan staff could ensure that the person's dignity was protected. One relative told us, "[Name] is treated very well. When they take [Name] to the toilet they shut the door behind them and they always make sure [Name] is covered up properly."

Staff were given training in equality and diversity and person centred approaches. This helped to raise staff awareness about the importance of treating people as individuals with different and diverse needs. Not everyone who used the service could express their views verbally. Care plans provided information to inform staff how a person communicated. We observed staff were skilful at understanding what the person needed and communicated confidently with them. This enabled people to make choices about their day to day lives.

Staff told us they always tried to involve the person and encourage them to do things for themselves. Relatives told us that staff spent time with people and promoted their independence. One relative said, "The staff encourage [Name] to help with the washing up and to do things independently and [Name] is getting better at it." Another relative told us, "They help [Name] look after the flat. They show [Name] how to do things, such as making an omelette, so that [Name] can do it without help if needed." And, "[Name] helps by holding up their arms for tops and putting their legs out for their trousers."

One relative who spoke with us said, "I have seen [Name] grow in the last year and become more independent and more confident. [Name] will step first into a restaurant when they used to lag behind. It [the move] has been really positive and increased their confidence so they stand taller."

The organisation's disability awareness team were able to provide people with additional mobility and travel training to help people move around their home and local area safely. This meant that people were assessed and supported to develop their independence in a safe way.

Good

Is the service responsive?

Our findings

We received differing views from relatives about their involvement and the responsiveness of the service, including the activities on offer. While some relatives told us that they knew about the care plans and were involved in decision making another relative felt that that they were not consulted on a regular basis and said that meetings were only held when a problem emerged. One relative who told us they were always kept informed said, "I try to go to all the yearly review meetings. They cover every possible situation and make sure everything is covered."

One relative told us they thought more could be done to occupy their family member more constructively; others however told us that people took part in a range of activities of their choosing. Examples swimming, horse riding and the trampoline. One relative said, "[Name] is an outdoor person and likes to be out when the weather is nice and they [the staff] do that." Staff described helping people to make choices about their support which they respected, such as activities they liked to do either at home or in the community. For example, one person liked to draw and staff said they made sure they had a plentiful supply of pencils and crayons for their use. In another house the people who lived there showed a particular aptitude for gardening and we saw the vegetable garden that they had made.

The registered manager told us the service worked flexibly to accommodate people's needs and requests, such as changing the timing of support worker visits. Some relatives told us they appreciated the life opportunities the service offered their family members. One relative however thought more could be done to include people in some of the events going on to reduce the potential for isolation. Other comments when we asked about activities included, "Nothing really. Last summer they bought a barbecue but it was only used once." Another relative told us they felt more could be done to focus the support for people so that they could follow individual pursuits and interests.

We saw that care plans included goals, and new ones were developed as these were met. One relative said, "My son's care plan is in a folder. They write in it at the end of each session. They write up what he has done that morning and what targets have been changed. Some targets are crossed off, or it is written that it's on-going. It is updated every week."

The complaints procedure was made available in large print, audio and braille to enable people to access the complaints procedure independently. The registered manager told us how people would be supported if they wished to raise any complaint, and accessible material that was available to support this.

Good

Is the service well-led?

Our findings

There was a registered manager at the 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.

The registered manager was experienced and understood their responsibilities under their registration. We identified that one notification had not been submitted as required. However, we accepted that this was an oversight as other notifications had been submitted in a timely way.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

During our inspection we were informed of new senior management posts in the management structure, with accountability for the development of the service. This included the recent appointments of a training officer and a health and safety manager. The provider was also actively recruiting for a quality assurance manager to ensure the quality of the service was kept under constant review and drive improvement.

Senior managers were based at the same location as the registered service and this meant that managers had daily contact with one another. This facilitated on-going communication about the running of the service. Regular management meetings were held to discuss the operation and development of the service.

Team co-ordinators had responsibility for monitoring staff performance, including 12 weekly supervisions. Staff confirmed they also had 'catch up' sessions with their team coordinator. Forms for these meetings were completed and scanned electronically onto the staff personnel file and the original was returned to staff for their records.
Monthly reports were undertaken by the registered manager, deputy manager or team co-ordinator. A further quality audit was undertaken every 13 weeks. Team coordinators met with the registered manager and the deputy manager every four weeks to discuss and share knowledge and measure progress.

From discussions with the registered manager and staff it was evident that the culture was open and encouraged a sense of continuous improvement. Both the registered manager and the staff we spoke with in one house reflected on the complexity of the people they supported. They told us they were trying to think of different ways they could hold staff meetings as these had proved problematical in the past because people required constant supervision to maintain their safety.

When we spoke with relatives about the leadership of the service we received varying comments. One relative told us that they thought the quality of the service depended very much on which staff were on duty. Other relatives told us they felt the service was well managed. One relative said, "The managers are helpful. If it wasn't well organised I would have seen some evidence. It means things are running smoothly." Another relative told us, "It appears to be well managed judging on how well turned out [Name] is."

A customer satisfaction survey was sent out every three months to people who used the service and to those with responsibility for people's legal affairs. The customer survey was also provided to people in braille as needed. Feedback from the surveys was given to people through their house meetings and the action taken in response to their comments.