

Henshaws Society for Blind People

Henshaws Society for Blind People - 12 Robert Street

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rating at last inspection: Good (published 21 April 2016).

About the service: The service is a care home for up to five people some of whom have a sensory impairment and/or a learning disability and/or autism. Five people lived in the service when we inspected.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People told us they were happy and felt staff had an excellent understanding of their needs and preferences. That staff listened to what they wanted and acted quickly to support them to achieve their goals and aspirations. Staff were innovative and looked to offer people solutions to aid their independence and develop their skills. Use of technology had supported people to receive information in an accessible way either through easy read, large print or audio to enable them to be fully involved in their care and support.

People had good community networks which were personal to them. This included supporting people to use technology to connect with family and friends. People had been supported to develop and maintain positive relationships with friends and family.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

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.

The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The values of the organisation of offering choice, inclusion and respect were embedded. This supported people to receive the positive service described.

The service met the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A full description of our findings can be found in the sections below.

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

Outstanding ☆

The service was exceptionally 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 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.

Inspection team: One inspector carried out this inspection.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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: We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that people would be in.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with five people who used the service and one relative over the telephone to ask about their experience of the care provided. We spoke with six members of staff including the registered manager,

deputy manager and two care workers, area manager and the nominated individual. 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 two people's care records. We looked at multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area.
- People and their relatives told us they felt safe being supported by members of staff. One person with a sensory impairment said, "Staff tell you when kerbs are coming up and I've never tripped." The provider's safeguarding policy was available to people in different formats such as 'easy read' and audio to empower them to understand how to raise concerns.
- The provider operated a safe recruitment process. People said they often took part in the recruitment process, interviewing and providing feedback on applicants to help them choose their own staff.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. The provider had developed a new care plan system to include the use of risk assessments based on evidence based practice. This was due to be introduced by the end of 2018.
- The environment and equipment had been assessed for safety.
- People were supported to take positive risks to aid their independence. For one person this had included developing skills and confidence to access taxis and the supermarket on their own. The person had achieved this goal and we saw them set off to do their weekly shop during our inspection. They told us they were proud of this achievement.
- People and their relatives told us they received care in a timely way. The registered manager monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered managers responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Managing medicines safely

- Medicines were safely received, stored and administered. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Is the service effective?

Our findings

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

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. Care plans were regularly reviewed to understand people's progress. Staff helped people make plans to achieve their goals.

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the environment had been altered to support people with sensory loss to be independent with their cooking, washing and laundry. Staff had been trained to be 'sighted guides' when people accessed the community which supported them to remain safe and improve their confidence. One person had been supported to learn the routes to a local venue which they were then able to access on their own with.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "Staff are well trained and they cope well with any challenges."

- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal.

- The registered managers had good systems to understand which staff needed their training to be refreshed and who required supervision.

- A care worker told us, "I recently did person centred training as a refresher. This was about support being built around people. In this house everyone is independent, outgoing and outspoken so it is hard not to be person centred. Everyone is treated as an individual."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills maintain independence and confidence. Each person had their own food stock and shopped independently in their supermarket of choice. One person had been supported to look at their diet and had started to shop for more healthy options such as fruit and vegetables.

- People were supported to monitor their weight and diet. Staff were seen offering advice to help people make good choices. One member of staff said they could only advise people of their options because they had the right to make their own decisions.

Working with other agencies to ensure consistent care for people; supporting people to live healthier lives, access to healthcare services and support

- Where people required support from healthcare professionals this was arranged and staff followed the

guidance provided People had received support to maintain their health with regular access to GP's, dentists and other services. They also received an annual health check as per best practice for people with a learning disability.

- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection in April 2016 we made a recommendation the provider use the MCA and DoLS code of practice to assess if someone was deprived of their liberty. This assessment had been completed and an application submitted.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

- Where people did not have capacity to make decisions, they 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. Records were not always clear where decisions made had been made in people's best interests. The registered manager agreed to ensure records were available in future.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported respecting and promoting people's privacy and dignity

- We observed people were treated with kindness and they were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "Staff treat us properly and with respect. They spend time with you so that you can learn to trust them." A relative said, "My family member loves living at the service. Staff work hard to keep them happy and support them. Staff also listen to them."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. A member of staff told us, "Our relationship with people is based on mutual respect, we use our role as keyworker to understand people's goals. We keep them realistic and manageable. We offer advice and from this respect comes dignity for the person."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. One person had been supported to be involved in a local NHS hospital panel to campaign for the rights of people with disabilities accessing their services.
- People's right to privacy and confidentiality was respected.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy.

Independence

- People were enabled to maintain and develop relationships with those close to them, social networks and the community.
- People were supported to focus on their independence in all areas of their lives. They were supported to be independent in their ideas and choices and this meant people enjoyed freedom and control of their life. People were prompted and reminded of their responsibilities with regards to housework and living together and this enabled harmonious shared living. They were also offered the opportunity of staff support if they wanted this. We saw staff offer to make a person a drink when they had just woken up. The person replied, "No thank you I will make my own because I like a cafetiere in a morning." People being in control and independent demonstrated the provider's values were embedded in staff culture. A member of staff told us, "Henshaws target is for people to be as independent as possible and this is not a token gesture. I get quite a buzz to see people do these things."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care including end of life care and support.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Staff had an excellent understanding of people's needs and could make suggestions to people around how they could develop their skills and independence. For example, one person was not able to see the weather and relied on staff to explain the forecast. Through suggesting the use of voice activated technology they could ask the computer to relay the weather forecast and were able to choose appropriate clothing and make plans independently.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that. We observed one person directing staff in how they wanted their night out to see their favourite band to be organised. Staff listened and ensured arrangements met the person's individual needs.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. All relevant policies were available in audio and easy read to enable people to understand their rights and how to raise concerns. People could have their care plan in a format accessible to them and we saw all meetings, rotas and important information was available in audio for people which enabled them to be involved and direct the service they wanted. People themselves recorded the audio meeting notes for their housemates to listen to. We listened to the most recent and heard that one person had not been happy with the support an agency worker provided them with. The registered manager had listened and already investigated these concerns.
- Staff supported people to develop and maintain friendships and relationships with relatives and loved ones. One person had been supported to use social media that had speech technology for people with sensory loss to use. They had re-connected with an old school friend and this had led to a recent holiday to visit and spend time with them. Staff told us, "The use of this technology had opened a whole new world for the person. Alongside managing their life more independently they are like a whole different person, it is great. They are also able to use it to contact radio shows to join competitions and send emails." A relative for a different person told us, "The staff support the service to feel like a family. My family member has been supported to keep in touch with their friend and supported to go on holiday with them." All this work alongside access to personalised activities supported people to live an ordinary life which they told us felt fulfilled.

- People were supported to prevent ill health and promote good health. Staff had worked to support one person using innovation and technology to keep them safe following a period in hospital and rehabilitate them so they could remain in their own home. This had been very successful. The person told us, "I am glad I am still here in my home." Another person had been supported to understand the importance of oral health and staff had focussed on developing their skills and knowledge. We saw an excellent outcome had been achieved because the person had not required dental work when checked by a professional.
- An emphasis on personal preference and choice was extremely evident in everything staff did. For one person, staff supported them with their love of art. They had exhibited their work and staff said, "Art keeps them happy and gives them a sense of worth." The person's art work was throughout the house and the person proudly showed this to us. For another person we saw their fascination with the fire service and the fire engine had led to staff organising a day with the local fire station and the person enjoying a dream day out. We saw the happy smile the person had on photographs taken on the day.
- We spoke with staff about their person-centred approach, they told us, "This is the best thing about the service, that people have freedom and we respect their likes and dislikes and build the service around them" "Each person benefits in different ways from this approach. For [Name of person] they are more assertive and puts their point of view across now. [Name of person] has had constant support to feel confident to go out and follow their own interests. [Name of person] has had interests we have nurtured and supported them to go to college to pursue. All of this is satisfying to see." We asked one person about the person-centred care they received and they told us, "It is great". Followed by a smile and thumbs up.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care. One person told us, "They let me know about changes in plenty of time."
- Engaging and involving people using the service and staff had led to a skilled workforce and empowered people and staff to speak up freely, raise concerns and discuss ideas.
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continuously improve the service. For example, people were involved in choosing group activities.
- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "We are definitely engaged in running the service with [Name of registered manager]. I rate them as a manager, they give us space to do our jobs but they are there if we need them. If I had an issue I would take it to them."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The provider asked other registered managers to also come and check the service was safe. In addition, at least once per year a more senior manager checked the service on behalf of the provider.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- All the feedback received was used to continuously improve the service.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development. For one person this involved being

supported to access a local choir independently where they had connected and made friends with members.