Henshaws Society for Blind People

Henshaws Society for Blind People - 1 The Avenue Knaresborough

Inspection report

1 The Avenue
Knaresborough
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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

Overall summary

1 The Avenue, Knaresborough is registered to provide accommodation and personal care for five people who have a learning disability and an additional sensory impairment. The house is situated within walking distance of Knaresborough town centre. There are local amenities close to the home. It is a large three storey detached house with gardens to the front and side of the property. The ground floor has a kitchen, utility area, and

Summary of findings

communal dining and sitting rooms. Bedrooms and bathrooms are located on the first and second floors; there is also a staff office/sleep-in room on the second floor.

We undertook this unannounced inspection on the 10 December 2015. At the last inspection on 5 June 2014, the registered provider was compliant in all areas assessed.

The service has a registered manager. 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 staff were recruited safely and in sufficient numbers to support the needs of people who used the service. Staff received training, supervision and support to enable them to have the skills and confidence to communicate with people and to support them to promote their safety and wellbeing.

There was a policy and procedure to guide staff in how to safeguard people from the risk of harm and abuse. Staff had also received safeguarding training and knew how to recognise the signs of abuse and how to report it. Staff had assessed the risks to people during completion of their activities of daily living and supported them to minimise them, whilst enabling people to be as independent as possible.

We found people were supported to maintain their health and access a range of community health care professionals. People received their medicines as prescribed.

Staff supported people to plan their menus, shop for ingredients and prepare meals. We saw people had plenty to eat and drink and were able to make choices about their nutritional intake.

We saw staff supported people to make choices and decisions about other aspects of their lives. The registered provider had ensured staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so they were equipped to work within the law if required where people were assessed as lacking capacity for major decisions.

We observed staff knew people's needs well and delivered care that was person-centred. Staff encouraged people's independence both when they were in the service participating in their chosen activity or when they accessed community facilities. People told us they liked the staff and felt able to raise concerns with them. We observed people were comfortable approaching staff to ask for assistance or to check out issues.

The culture and values of the organisation was to involve people and encourage them to be as independent as possible. We observed this occurred in practice during staff interactions with people who used the service.

We saw there was a quality monitoring programme which consisted of audits, meetings and surveys to check people's views.

We saw the environment was warm, clean and tidy and was suitable for people's current needs.

Summary of findings

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 was safe.

People who used the service had assessments completed and these guided staff in how to minimise risk when carrying out activities of daily living. Staff received training in how to safeguard people from the risk of harm and abuse and knew how to report issues of concern.

Medicines were managed well and people received them as prescribed.

Staff were recruited appropriately and in sufficient numbers to support people safely and to meet their needs.

Good

Is the service effective?
The service was effective.

People were supported to maintain their health and accessed a range of community based health care professionals. They received a varied diet of their choice and were encouraged to eat healthily, whilst still having treats.

People were able to make their own choices and decisions about care and treatment. Staff had received training in mental capacity legislation and told us they would work within it should they assess anyone as lacking capacity for specific decisions.

Staff received supervision, appraisal and training so they felt confident in supporting the people who used the service.

Good

Is the service caring?
The service was caring.

People were supported by staff who knew how to communicate with them using a range of verbal and non-verbal methods.

Staff supported people in a caring, patient and friendly way. They respected privacy and dignity and promoted people's independence.

Confidentiality was maintained and personal records of people who used the service and staff were held securely.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and plans of care were developed in order for them to receive person-centred care.

People were involved and encouraged to participate in activities and occupations of their choice. Their independence was promoted and they accessed local facilities to feel part of the community.

People felt able to complain and there were procedures for staff in how to manage complaints.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The culture and values of the organisation was open and inclusive and encouraged people to speak out in the knowledge they would be listened to.

There was a quality monitoring system that surveyed people's views and audited aspects of the service to enable improvements to be made.

Henshaws Society for Blind People - 1 The Avenue Knaresborough

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 registered 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 10 December 2015 and was carried out by adult social care inspector. A short notice period was given by telephoning the registered manager at 4pm the day prior to the inspection. The notice was given because the service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

We contacted the local authority contracts and commissioning team regarding their views of the service. There were no concerns expressed by the local authority.

During the inspection we observed how staff interacted and communicated with people who used the service throughout the day. We met three people who used the service and spoke in private with one of them. Following the inspection, we spoke with two relatives. We spoke with the registered manager and two support workers.

We looked at two care files which belonged to people who used the service. We also looked at other important documentation relating to them such as three medication administration records [MARs] and financial logs. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included the training record, the staff rota, supervision and appraisal sessions, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records. There had not been any new staff recruited at the service for four years so we discussed the recruitment and induction processes with the registered manager and support workers. We checked the environment to make sure it was safe, clean and warm.

Good

Is the service safe?

Our findings

One person who used the service and two relatives told us the 1 The Avenue, Knaresborough was a safe place to live. People said they were looked after well and there was sufficient staff on duty to ensure they had a good quality of life. Comments included, "I like it here; I like the housemates and yes, they look after me", "I'm happy here and yes, I'm safe; everyone gets on well together", "They [staff] come with him to see me and they always make sure they have his emergency tablets with them", "I think he is very safe there; he is quite clued up about safety anyway" and "I've visited and it's always clean and tidy."

We found people received their medicines as prescribed; the medicines were stored securely in the staff office. Two of the people who used the service were not in need of medicines apart from homely remedies such as paracetamol and there was a stock of these for use when required. There were medication administration records [MARS] for the three people who were prescribed medicines. These demonstrated medicines were received into the service on a monthly basis and administered to people in line with their prescription. Staff used codes to describe the reasons medicines were omitted and also the reverse of the MAR to make notes when they were given 'when required'. For example, one person received rescue medicine to manage epilepsy; we saw this was administered and recorded appropriately in line with their epilepsy management plan.

The registered manager told us there had not been any staff recruited to the service for four years. This was confirmed in discussions with staff who described a team that was stable and knew the people they supported very well. One member of staff said, "We have a settled staff team – really well established." The registered manager described the recruitment and selection process from advertising for potential staff through to new staff starting employment. The registered manager confirmed all checks such as gaps in work history, references, identity, disclosure and barring register and the right to work in this country were completed prior to an offer of employment. The registered provider had a human resources team who managed the recruitment process and ensured interviews were arranged. The checks helped to ensure only suitable staff were employed to work in the service.

We found there were sufficient staff on duty; all five people who used the service were independent with their mobility within the service. Staff supported people with activities of daily living such as accessing the community and elements of personal care they found challenging owing to their sensory needs. The staff on duty during the day fluctuated depending on people's support plans and the activities they had arranged. The registered manager told us one to one time was built into people's support plans to ensure they had staff available when they wanted to go shopping, cook meals, visit relatives, attend appointments or have a leisure outing. One support worker completed a sleep-in shift each night and there was a management on-call system for emergencies.

Staff had received training in how to safeguard people from the risk of harm and abuse. There were policies and procedures in place and the registered manager and staff knew what to do to raise concerns and which agencies to contact. We saw there was a system in place to ensure people who used the service received the 'personal allowance' part of their employment support benefit. These systems and policies and procedures helped to keep people safe and to ensure their finances were not mismanaged.

Staff had completed risk assessments for people regarding specific areas that could pose an issue for them. The risk assessments identified the risk and the control measures to help to minimise the risk for the person. For example, an epilepsy management plan for one person clearly identified the measures support staff were to take to prevent a full seizure from occurring and also the action to take should this not be successful. Other people had risk assessments regarding the support they required when walking in the community and there were evacuation plans for each person in case of a fire or flood emergency.

The registered provider ensured the building was safe and the equipment used was maintained. The service was a domestic house with appropriate security measures. There was an area at the side of the house for cars to be parked within lockable gates. We saw there were thermostatic valves on hot water outlets to ensure the water temperature could not scald people; these were routinely checked and maintained. We also saw a risk assessment had been completed regarding legionella, and stored water had been checked. There was a system of cleaning shower heads, flushing little used water outlets and chlorinating

Good

Is the service safe?

the tank. These measures were to help minimise the risk of legionella. Fire safety equipment was checked and drills held to check response times. We noted a crack in the bath panel that had a sharp edge at one side. The registered manager confirmed this would be addressed with the maintenance team.

We found the service was warm, clean and tidy. There was a domestic worker employed twice a week and the people who used the service took part in household tasks during 'skills days'. The registered manager told us one person specifically liked to clean the bathroom and we saw they completed this during the inspection. There were sufficient cleaning products available and staff had access to personal, protective equipment when required. There was a spillage kit and first aid kits available. We saw these were checked regularly to make sure they were well stocked.

Good

Is the service effective?

Our findings

One person who used the service and two relatives told us staff were skilled in supporting people effectively. They said they were able to make choices about all aspects of their lives and were supported to maintain their health, including nutritional needs. Comments included, "I decide what I want to do and eat; I make my own choices. I get up and go to bed when I want", "Sometimes they go through my plan and ask if there is anything I want to do", "I think he has lots of choices about what he does", "He has choices and I know he cooks on Thursdays", "They have supported him to the hospital a couple of times to change his medicines" and "I've visited the house and it's always clean and tidy."

We saw people were supported to access a range of health care professionals in the community including GPs, dentists, opticians and podiatrists. Staff supported people to attend appointments with their consultants when their health needs were reviewed. Staff supported people to maintain their health and welfare by identifying needs such as epilepsy management, recording actions to be taken in emergencies and following the plans of care. We saw one person's admissions to hospital had been reduced by staff being able to recognise the early signs of an impending seizure and administering medicine to prevent a full seizure occurring. Comments from staff included, "We have read the care plans and know the warning signs; we give regular medicines and if these are not working we give the rescue medicines; I've only had to do this once but it helped and he was calm and relaxed" and "We support people to attend health care appointments and try to arrange these for their 'skills day'." People had health action plans which brought together all their health care needs in order that nothing was overlooked. These were held in a second care file with information, assessments and reviews from other agencies. The people who used the service were all currently in good health but staff recognised that as they become older, their health needs may become more important.

Staff confirmed the people who used the service had no concerns with their nutritional intake. We saw records of people's weights, which indicated these remained stable and at healthy levels. The meals people ate varied depending on their activities. When people attended the Arts and Crafts Centre, facilitated by the registered provider, they would have a main meal at lunchtime so may choose to have a lighter meal in the evenings. Some people chose to have takeaways on various evenings and others opted to prepare a cooked meal. Staff told us they encouraged people to eat healthily but they were able to make their own choices.

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. Staff told us the people who used the service were all able to make day to day decisions about their care and treatment. Staff were very clear about ensuring people made their own choices and they described how they gained consent when providing support to people. Staff said, "We gain consent by asking people. It's important to have knowledge of their communication systems. We offer choices so people can choose", "We ask people constantly. Constant interaction will help people to make their needs known" and "We talk about the consequences of some decisions and help them decide. We support people to live their lives."

We found staff had received training in MCA and Deprivation of Liberty Safeguard [DoLS] and the registered manager had discussed the needs of two people with the local authority supervisory body who was responsible for authorising and monitoring when DoLS were in place. It had been decided that DoLS were not required for any of the people who used the service. This showed us the registered manager was mindful of the criteria for DoLS and sought advice to ensure they worked within MCA legislation.

Training records showed staff had completed training considered as essential by the registered provider. This included safeguarding, fire safety, first aid, moving loads safely, equality and diversity, health and safety and visual impairment awareness training. Staff confirmed they had completed other service specific training such as epilepsy management, how to diffuse difficult situations and manage behaviours which could be challenging, communication methods and autism. Staff told us members of the team had qualifications, skills and experience from other areas of work which they used and

Good

Is the service effective?

shared with colleagues. For example, one member of staff held a social work qualification and another had completed a Rehabilitation Officer qualification and had achieved stage 1 in British Sign Language; they were currently working towards stage 2 in British Sign Language. Another member of staff had many years' experience in communication methods.

The registered manager described the induction process and showed us the workbook used to monitor progress during new staff's initial weeks of employment. Staff worked alongside more experienced staff until they felt confident in working alone with people.

Staff told us they received appraisal annually and had formal supervision with the registered manager every two months. Records confirmed appraisal took place and showed supervision consisted of discussing personal objectives, training needs, administration, their key worker role and any issues affecting the people who used the service. In discussions, staff told us they were supported in their role and could speak with the registered manager at any time. Staff said, "We have supervision every eight weeks; the timing is about right. We don't have to wait if there are things to discuss with the manager though."

Good

Is the service caring?

Our findings

People we spoke with told us the staff had a good approach and treated them with kindness and respect. Comments included, "The staff are alright; I like all the staff", "I like to spend some time in my room. Yes, they knock on my door", "I can do whatever I want to do", "It's absolutely excellent; the staff are so good, really helpful", "They always let us know [if there are any problems] and are very approachable", "He's very happy there and we're very satisfied" and "The staff are very nice; they give us lots of information, you know they ring us and let us know."

We observed support staff and the registered manager had a patient, friendly and caring approach when assisting people. They provided explanations in the ways people were able to understand. Because of the nature of some of the people's sensory needs, verbal communication was a challenge for them. We saw staff had full understanding of people's communication methods, which consisted of a mixture of speech, Makaton, visual prompts and finger spelling. People were able to make their needs known and staff were able to hold conversations with them. We saw people were comfortable in their home and happy to approach staff for advice or support with tasks such as using an electric razor.

There were information boards in the dining room. This provided people who used the service with information about what activities they were participating in, their menu choices and which staff were on duty. The information was displayed in a variety of formats, for example there were photographs of staff, the initials of staff on duty in texturised fabric for one person who preferred tactile means and written menus.

People's care support plans showed they had been involved in developing them. Staff had supported people to complete a self-assessment of specific areas of need and discussed with them the goals they wished to achieve. Included in the care support plans were people's preferences, likes and dislikes. People had signed to confirm they were aware of the contents of the support plan and agreed to it.

The care files had records of key worker meetings with the people they supported. These showed people were consulted about their plans of care and the activities they participated in. Staff confirmed people were involved in choosing furniture and decoration of the house. One member of staff said, "All five service users had a look at the settees prior to us buying them." Another said, "All the service users help with their reviews. We review the care files monthly and check the plans with them. [Person's name] brings her keyworker leaflets of what she would like to do; she is not sat waiting for us to organise things. The activities are driven by the service users."

In discussions, staff were clear about how they promoted independence and respected privacy and dignity. We saw people were involved in planning their menu, shopping for ingredients and preparing their meals with support from staff. One member of staff described how the people who used the service helped to teach communication methods to new staff. They said, "The service users and their families have a level of confidence with staff; the service users teach staff how to sign." Other comments from staff included, "We have a respectful relationship with people", "We knock on doors and ask people if it's ok to come into their room" and "confidential discussions are held in private with people." Staff told us everyone [people who used the service and support workers] had attended the house Christmas dinner at a local venue recently and had enjoyed the evening.

Each person had their own bedroom which afforded them privacy. There were locks to bedroom and bathroom doors.

The registered manager was aware of the need to maintain confidentiality and ensure people's information was safely held. Computers were password protected and the registered provider had completed registration with the Information Commissioners Office [ICO] in line with requirements when maintaining computerised records. We saw people's written care records and financial information were held securely in locked cabinets in the staff office. Staff personnel files were also held securely.

Good

Is the service responsive?

Our findings

One person who used the service and two relatives described the care and support provided as meeting assessed needs. They confirmed they were able to access community facilities of their choice. Comments included, "The best thing is working at the Arts and Craft Centre; I have friends there", "I have a busy day today; some days are busy", "You can do whatever you want to do; I go to see my family", "I go shopping and do cooking; it's my decision", "Staff come with him to see us", "It's absolutely brilliant and he has an excellent quality of life", "I know he does something most days; he's very happy as long as he is making something" and "He does a lot by himself. He cooks on Thursdays and I know he catches a bus on his own to Asda and staff meet him in a café; he really enjoys it"

People told us they would feel able to raise any concerns with the registered manager or staff and named specific individuals they would speak to.

We found people were provided with care and support that was personalised to their needs. In each person's file, staff had spoken to people about their life history and completed a 'This is me' document with them. This included information about what was important to the person, what upset them and how staff could help them to relax, what their hobbies and interests were and how staff were support them. There was also information about how independent the person was with activities of daily living and how much support they would need. We saw information was collated into a short profile which covered issues such as mobility, personal care, communication, eating and drinking. There was a separate food and nutrition form which highlighted any allergies the person had, any special diets, likes and dislikes, and how the person was able to prepare meals.

Part of the assessment process involved the person working with staff in identifying and scoring their needs on an 'outcome star' chart. This covered areas such as managing vision, health and wellbeing, where they live, looking after themselves, safety, work, activities, keeping in touch with family and friends, money and self-esteem. The information in assessments was used to produce plans of care for people. For example, these included daily routines, goal setting and guidance for staff in how to support people in the ways they preferred.

Documentation showed us the plans of care were specific to each person. For example, one person had a preference for a vegetarian diet and contacted their relatives on specific days. There was also information about how communication with relatives had been increased using the technology available to them such as an iPad. Staff told us about how they were supporting one person with their aversion to visiting doctor's surgeries. The person went with staff to collect prescriptions to get them used to visiting the surgery.

Staff told us people had specific days set aside to concentrate on developing their independence skills such as menu planning, shopping for food, preparing meals, laundry and cleaning. Staff were available to support people on a one to one basis at each step. One person who used the service showed us the evening meal they had prepared with assistance from staff; they were clearly pleased with the results.

We saw people were supported to access local facilities such as shops and cafes. In this way people were encouraged to be part of their local community. The registered manager confirmed the food and other shopping budget for the service was distributed evenly between the five people who used the service. This enabled them to shop individually for food and other household items. Staff described how the people who used the service stopped and chatted to local shopkeepers, who had gotten to know them well.

We found people were involved in planning care and in making decisions about what they wanted to do and how to spend their days. We saw people went shopping, attended church, visited relatives and accessed local day centres, one of which was workshop-based; two people accessed IT facilities. People were encouraged and supported to continue with their hobbies and interests such as walking groups, woodwork, football and wrestling matches, the cinema, knitting, baking and arts and crafts. There were seasonal activities that people participated in such as attending BBQs, local firework displays and festive meals. Staff told us people were involved in planning holidays and days out in the summer. The holidays were different for each person as some chose days away whilst others preferred days out. We saw one person was supported to build up their days spent away for holidays

Good

Is the service responsive?

and this year had gone to Scarborough for two nights, Christmas shopping in Leeds and other trips. Another person had chosen to have a night away on a coach trip to a wrestling match.

People's bedrooms and communal rooms in the service were homely and personalised with photographs and items important to them. There were televisions, DVDs, music equipment and a computer for communal use.

We saw the service was accessible and people were able to move about freely with the stairs posing no difficulty for them. The kitchen had been adapted with larger contrasting cupboard door handles and careful positioning of lighting. There were strobe lighting and vibrating pads attached to smoke detectors to alert people to the fire alarm.

The service had a complaints procedure which was on display and available in other formats. People knew how to raise a concern or a complaint and staff were confident about recording and dealing with them to try and resolve them quickly. There had not been any formal complaints since the last inspection of the service. A member of staff said, "The service users feel confident to raise issues; it's a happy house."

Good

Is the service well-led?

Our findings

One person who used the service and two relatives told us they knew the registered manager well and found them to be approachable. They all mentioned him by name. This showed us the registered manager had made themselves known to people. Staff confirmed he was an active member of the team, who completed support tasks with people who used the service as required.

The registered manager described the culture of the organisation as open and transparent, with a focus on people being supported to identify their own needs and being involved in planning care. They said, "It is service user led with tailor-made services for them." The registered manager stated they were supported by senior managers and had regular supervision meetings. He felt able to approach senior managers with issues of concern. The registered manager described their own style as being approachable and encouraging to staff. They said, "We have a stable, intelligent staff team and it's important to give them the flexibility to use their own initiative." We saw there were schemes to support and help to retain staff such as a counselling line, cycle to work scheme, vouchers for free eye tests and long service financial remuneration. The registered manager described the accreditation schemes the registered provider was part of or had been awarded. For example, Investors in People, Positive about Disabled Kite Mark, Trafford Council Quality Mark and Asprey Award by Vision 2020 for partnership working.

In discussions with staff, they confirmed communication was good and they were able to approach the registered manager or senior managers as required. Staff told us they were asked for their views in team meetings and the registered manager listened to their suggestions. Comments included, "I feel very supported; we have a wonderful team and we respect one another." There was also a communication book to record issues that required passing on to people. One member of staff told us they were part of a joint consultative committee and attended meetings with staff and managers from other services to discuss issues, share information and be part of future planning.

There were meetings for people who used the service and staff to catch up and discuss issues [the last one was in September 2015]; there were also key worker discussions between people who used the service and their designated worker.

We saw there was a quality monitoring system in place which consisted of audits and questionnaires for people to complete. The registered manager told us surveys were completed every six months. There were two different methods used to gain the views of people who used the service dependent on their communication needs. For example, one person was able to complete a written questionnaire with minimal assistance from staff. Others were asked the questions by staff using their preferred communication method and their answers were recorded. We were shown the survey completed in June 2015 and saw people were asked their views about a range of topics such as the home environment, meals, activities, house meetings, the staff team, speaking out and privacy and dignity. We saw suggestions were acted on.

The service had compliance audits completed by other managers. We saw the audits for September and December 2015. These covered areas such as health and safety, security, housekeeping, log books such as fire safety checks, care plans, meetings, and accidents. There were also discussions recorded with staff and people who used the service. An action was developed from the findings and followed up to check on progress.

The registered manager described how accidents and incidents were analysed so lessons could be learned. We saw an incident had occurred at the day centre one person attended, so measures were put in place to prevent a reoccurrence and ensure staff there knew how to support the person when required. The registered manager told us any incidents or accidents were reported to the company's health and safety officer. These were analysed and information recorded in the form of a chart to enable any patterns or trends to be observed. The health and safety officer completed 'walk rounds' at the service to observe for any potential concerns.

We saw the registered manager and staff had developed partnership working with local authority social work teams and contract and commissioning teams. They supported the people who used the service to attend reviews of the care. They also supported people to access health care professionals.