Henshaws Society for Blind People

Henshaws Society for Blind People - 2 East Park Road Harrogate

Inspection report

2 East Park Road
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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

This inspection took place on 7 December 2015 and was announced. We gave 48 hours' notice as this is a small service and we wanted to make sure there would be someone at the home when we visited. We previously visited the service on 1 July 2014 and found that the registered provider met the regulations we assessed.

Summary of findings

The service is registered to provide personal care and accommodation for up to six people with a learning disability and sensory impairment, and on the day of the inspection there were five people living at the home. The home is located in Harrogate, in North Yorkshire. It is close to town centre amenities and on good transport routes.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since December 2010. 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 told us that they felt safe living at 2 East Park Road and we saw that the premises were being maintained in a safe condition. We found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding children and adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

We noted that people were encouraged to make their own decisions and when they needed support to make decisions, these had been made in their best interests. People told us that staff were caring, kind and supportive.

Staff confirmed that they received induction training when they were new in post and that they shadowed experienced staff before they worked unsupervised. Staff told us that they were happy with the training provided for them. The training record evidenced that most staff had completed training that was considered to be essential by the home.

New staff had been employed following the home's recruitment and selection policies to ensure that only people considered suitable to work with vulnerable people had been employed. We saw that there were sufficient numbers of staff on duty to meet people's individual needs, and to allow people to undertake their chosen activities.

All staff at the home had responsibility for the administration of medication and we noted that they had completed appropriate training. Medicines were administered safely by staff and the arrangements for ordering, storage and recording were robust.

People's nutritional needs had been assessed and were recorded in their care plans, along with their likes and dislikes in respect of food and drink. People prepared their own meals and they had been provided with specialised equipment to help them to do this safely.

There had been no formal complaints made to the home since the previous inspection but there was a process in place to manage complaints if they were received. There were systems in place to seek feedback from people who lived at the home, relatives and staff.

Quality audits undertaken by managers were designed to identify any areas of improvement to staff practice that would promote safety and the care provided to people who lived at the home. Staff told us that, on occasions, the outcome of surveys and audits were used as a learning opportunity for staff and for the organisation.

People who lived at the home and staff told us that the home was well managed. They said that they were well supported and that the registered manager was always available to provide advice.

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.

Staff had been recruited following robust procedures, and there were sufficient numbers of staff employed to ensure people received a safe and effective service that met their individual needs.

Staff had received training on safeguarding adults and children from abuse and this meant they were aware of how to refer any concerns to the safeguarding authority.

People were protected against the risks associated with the use and management of medicines. People received their medicines at the times they needed them and in a safe way.

The premises were being maintained in a safe condition.

Good

Is the service effective?
The service was effective.

Staff undertook training that equipped them with the skills they needed to carry out their roles, including training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and they were assisted to prepare their chosen meals with assistance from staff, when needed.

People told us they had access to health care professionals when required.

Good

Is the service caring?
The service was caring.

People who lived at the home told us that staff were caring and we observed positive relationships between people who lived at the home and staff on the day of the inspection.

People's individual care needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

People told us that their privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive to people's needs.

People's care plans recorded information about their life history, their interests and the people who were important to them, and their preferences and wishes for care were included.

There was a complaints procedure in place and people told us they would be happy to speak to their key worker or the registered manager if they had any concerns.

Good

Is the service well-led?
The service was well-led.

There was a manager in post and they were registered with the Care Quality Commission.

Good

Summary of findings

There were sufficient opportunities for people who lived at the home and staff to express their views about the quality of the service provided.

Quality audits were being carried out to monitor that staff were providing safe care, and that the premises provided a safe environment for people who lived and worked at the home.

Henshaws Society for Blind People - 2 East Park Road 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 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.

The inspection took place on 7 December 2015 and was announced. The inspection team consisted of one inspector.

Before this inspection we reviewed the information we held about the home, such as notifications we had received from the registered provider, information we had received from the local authorities who commissioned a service from the registered provider and information from health and social care professionals. The registered provider was asked to submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home. The PIR was not returned to us prior to the site visit but was returned to us before the report was written, so was taken into consideration when making our judgements.

We contacted four social care professionals following the day of the inspection to ask them for feedback about the service and we received a response from one professional.

On the day of the inspection we spoke with three people who lived at the home, two members of staff and the registered manager. Following the day of the inspection we spoke with another member of staff.

We observed people starting to prepare their evening meal and looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for all five people who lived at the home, the recruitment and training records for two members of staff and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "Yes, especially in my own bedroom." We asked staff how they kept people safe. Their comments included, "Our training on safeguarding adults from abuse", "Assisting people with cooking to make sure they are safe", "Being aware of road safety when we are out" and "Being vigilant about any obstacles in people's way." We noted that people had a call bell in their bedroom, located beside their bed, so that they could summon assistance from a member of staff in an emergency.

The staff who we spoke with told us they had completed training on safeguarding vulnerable adults and children from abuse. They were able to describe different types of abuse, and they told us that they would report any incidents or concerns they became aware of to the registered manager or a senior member of staff. Staff also told us that they would not hesitate to use the home's whistle blowing policy if they were concerned about any incidents or care practices at the home. They said they were certain this information would be treated professionally by the registered manager and their right to confidentiality would be upheld.

The registered manager told us that there had not been any safeguarding incidents at the home in the previous two years. However, there was a policy in place and they were confident that staff understood when a safeguarding alert needed to be submitted to the local safeguarding authority. One care worker told us that they were vigilant when spending time with people and were able to diffuse any situations before they developed into an incident.

We saw that care plans listed the risks associated with each person's lifestyle and support needs. People had a specific risk assessment in place about their mobility needs and the guidance they required to move around the premises and when out in the local community; these were reviewed each year. Other risks were identified in individual support plans (care plans); these recorded how staff could help the person to minimise these risks to keep them safe. For example, one person's care plan recorded that they liked to prepare their own food, but it was safer when there was only one other person in the kitchen with them. Another person's care plan recorded, "I need a one to one signed guide when I am travelling in the community. I do not have a preferred side to be guided on." A social care professional told us that the staff team at 2 East Park Road and the Disability Support Service had worked hard to promote a person's safety; this included regular fire drills to aid the person's orientation around the premises so that they could locate exits, and to enable them to travel independently.

Four people had been away for the weekend just prior to this inspection, accompanied by five members of staff. There was a specific assessment in place to record any risks associated with this short break and how any anticipated risks could be alleviated or managed.

All of the staff working at the home assisted people to take their medication and we saw that they had completed training on the administration of medication. We spoke with a new member of staff who confirmed that they had completed this training during their induction period. One member of staff had responsibility for ordering and 'booking in' medication; the risk of errors occurring was reduced because this task was being carried out by one member of staff.

People's care plans included details of their medical conditions and their current prescribed medication. The medicines folder included guidance on the safe administration of medication, a list of sample signatures for staff so that records of administration could be checked and a policy on the administration of homely remedies. We looked at the medication administration record (MAR) charts for the five people who lived at the home. They included information about each person's preference for taking their medication. There were no gaps in recording apart from the records for the administration of creams and eye drops prescribed for some people; it was not clear whether these were still required. We discussed with the registered manager how the records could be improved by introducing a protocol for the use of these products and they agreed to action this.

There was an audit trail to ensure that medication prescribed by the person's GP was the same as the medication provided by the pharmacy. Although none of the people who lived at the home had been prescribed controlled drugs (CDs), staff told us that information about the specific storage and recording requirements of these medicines had been included in their training. We saw that

Good

Is the service safe?

medicines were stored securely and that products for use internally and externally were stored separately. The arrangements in place for returning unused medication to the pharmacy were satisfactory.

The pharmacist used by the home had carried out an inspection in July 2015; they had recommended that the room temperature should be checked and recorded each day to make sure medicines were stored at the correct temperature. The pharmacist had also recommended that the date boxes and bottles were opened needed to be recorded on the packaging. Both of these improvements had been made.

We looked at the recruitment records for two new members of staff. An application form had been completed, references obtained, checks made to ensure people were allowed to work in the UK and checks made with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. These checks meant that only people who were considered safe to work with vulnerable adults had been employed at the home.

We looked at staff rotas and noted that these were flexible so the needs of people who lived at the home could be met. People were out undertaking activities for most of the day, Monday to Friday, so the home was not staffed during these periods. There were two staff on duty from the time people returned home from activities and one member of staff slept at the premises overnight and then stayed at the home to assist people to get ready to go out the next morning. At weekends the staffing levels depended on how many people would be at the home and what activities they planned to undertake. We saw that there were sufficient numbers of staff on duty to meet people's assessed needs and to ensure people were able to carry out their chosen activities.

We noted that one person's care plan recorded that they had decided to start swimming again and that they had waited a long time for this activity to commence due to staff shortages. However, since more staff had been employed they had started to undertake this activity; they confirmed this with us on the day of the inspection. People told us that they were now able to carry out their chosen activities as staff were always available to assist them.

We saw that there was a list on display for December 2015 to record which senior member of staff was 'on call'. This meant that staff were always able to contact a senior member of staff for advice if needed.

We checked the service certificates for maintenance undertaken by contractors and found that they were up to date. This included a portable appliance test, an electrical installation certificate, a fire alarm certificate, emergency lighting and a gas safety certificate. The organisation employed a team of maintenance staff and they carried out checks on a regular basis; these included a weekly fire alarm check, a six weekly fire drill, a monthly check on fire extinguishers and emergency lighting, a weekly emergency call bell check, checks on hot water temperatures and the first aid box and a monthly check on the control of substances hazardous to health (COSHH). On the morning of the inspection staff identified that the hot water boiler was not working and we saw that someone attended the premises promptly to carry out a repair. We saw that there were window opening restrictors in place; the registered manager told us these were currently not included in the home's maintenance plan but they told us they would ensure this was included in future.This evidenced that the premises were maintained in a safe condition to protect people from the risk of harm.

People had personal emergency evacuation plans (PEEPS) in place that recorded the assistance they would need to leave the premises in an emergency. One PEEP that we saw had not been reviewed since 2012; the registered manager told us that there had been no change in this person's needs but said they would ensure the plan was updated to reflect this. In addition to this, there was an organisations business continuity plan in place. The plan included information about a variety of emergencies that could affect the safe operation of the organisation and home, including the loss of utilities, loss of IT systems, a natural disaster such as a flood and adverse weather conditions. The plan also included information about how people who lived at the home should be moved to a place of safety and

Good

Is the service safe?

how normal business should be recovered. This meant that the organisation had planned for and informed staff about how to deal with emergency situations to protect people as much as possible from the risk of harm.

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 MCA 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. Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. None of the people who lived at the home had deprivation of liberty authorisations in place; people had risk assessments in place to ensure any risks were managed, but no-one had been deprived of their liberty.

The care plans we reviewed recorded a person's capacity to make decisions, that any decisions made on the person's behalf should be made in their best interest and that people should be involved in the decision making process as far as is possible. For example, one person's care plan recorded that they could express their need for medical attention to staff, but that staff would need to assist them to make an appointment to see a GP or other health care professional. We saw that staff asked for people's permission or consent before they started to support them.

We asked people if they thought staff had the skills they needed to carry out their roles and support them effectively. One person told us, "Definitely – they always help me." Staff told us they shadowed experienced staff as part of their induction training for up to one month. They had orientation to the home on their first day and commenced the 'in house' induction training booklet during their third week at the home. Topics included in the induction training programme were emergency first aid, fire safety, infection control, MCA, moving and handling, disability awareness, health and safety and equality and diversity.

Training records identified which training was considered to be essential by the organisation and how often staff were expected to attend this training; this ranged from every year to every three years. Essential training included safeguarding adults and children from abuse, fire safety, health and safety, moving and handling and equality and diversity. The overall training record showed that staff had undertaken training on moving and handling, first aid, fire safety, infection control, safeguarding of adults and children, food safety, medication, behaviour scale training and MCA / DoLS. We noted that none of the staff had undertaken training on epilepsy awareness and we discussed how this would be useful training for staff who supported people with a learning disability. Staff told us about training they had completed during the previous year and we noted that this included training that was considered to be essential by the organisation. This meant that staff had received training that gave them the skills to carry out their roles effectively.

Staff told us they felt well supported by the registered manager and that they attended one to one supervision meetings every six to eight weeks with either the registered manager or the deputy manager. In addition to this, people had an annual appraisal. Staff told us that they were able to raise concerns, make suggestions and discuss their training needs at these meetings. One member of staff told us how the registered manager had discussed their specific skills and how these could be used to support other staff.

People's dietary needs, any food allergies and likes / dislikes were recorded in care plans. This included any assistance people needed with food preparation or with eating their meals. One person's care plan recorded, "(Name) needs help cutting food up and uses own cutlery" and another person's care plan recorded, "Likes / enjoys traditional English food. Eats well – however, is often slow eating and prefers smaller portions. Often needs food cutting up." There were documents in people's care plans to advise staff how to minimise any risks associated with people's eating and drinking. In addition to this, care records included information about any equipment people used to assist them with eating and drinking, such as level indicators for liquids and 'rimmed' plates. This showed that people's specific needs and preferences had been considered by staff.

Two people who lived at the home had concerns about their weight and had requested that their weight was monitored; they held their own weight record books.

People's care plans recorded very detailed information about their health care conditions. When we read the care

Good

Is the service effective?

plans we gained a clear understanding of each person's medical condition, the reason medication had been prescribed, how the person was able to manage aspects of their health condition themselves and the level of support they required from staff and health care professionals. One person's care plan recorded, "Staff will support (name) to book an appointment and escort them to the appointment." People who we spoke with told us that they would go to the surgery if they wished to see their GP; they might go alone or request assistance from a member of staff.

Records we saw on the day of the inspection indicated that other health care professionals were involved appropriately in supporting people to reach optimum health. These included dentists, dental hygienists and practice nurses. Any visits to health care professionals were recorded; this included the date, the reason for the visit and the outcome of the visit.

Care plans also recorded how people mobilised and the level of support (if any) they required from staff both inside the home and when outside in the community. One person's care plan recorded, "I use a long cane. I have my name on it in print and in braille so I can identify it." We noted there were steps up to the front door of the premises and within the premises, and stairs up to the first and second floors. We observed that all of the people who lived at the home managed these independently, and the people who we spoke with confirmed they had no difficulty in finding their way around the premises.

People's care plans recorded how other people should communicate with them. For example, one person's care plan recorded, "I communicate through speech and have a good understanding of the spoken word. I can read and write grade 1 and 2 Braille and have my own Braille machine."

Good

Is the service caring?

Our findings

We asked people who lived at the home if they felt staff really cared about them and they confirmed that care was focused around them and they felt 'cared about'. Staff told us they were confident that the full staff team cared about the people they were supporting. We saw that interactions between people who lived at the home and staff were positive; it was clear that there was rapport between them and that staff understood people's particular personalities, behaviours and needs. Staff were seen to be calm but firm when needed, and supportive of the person's needs.

We asked people who lived at the home if staff respected their privacy and dignity and they confirmed that they did. One person told us they kept their bedroom door locked and that this was respected by staff. They told us, "My door is locked when I am out as well." Staff explained to us how they respected people's privacy. One member of staff told us, "We ask for permission to go into their rooms. We knock on doors before entering." They told us that this practice had been adopted by the people who lived at the home, who knocked on the staff room door before they entered.

A social care professional told us that they were aware that the appearance of one person who lived at the home was very important to them and staff advised them about wearing coordinating and appropriate clothing to meet this need. They also said that this person's privacy was respected and they were only supported with personal care tasks by staff when necessary.

We observed that care being delivered was not restrictive and people were supported to maintain their independence. People who we spoke with confirmed that staff encouraged them to do as much as they could for themselves. A member of staff told us, "We watch them and only step in if they need assistance." We saw that people were enabled to be independent by the equipment that had been provided for them, such as talking alarm clocks and alarm watches.

The kitchen had been adapted so people could prepare meals independently but safely. The cooker and microwave had raised markers on dials that helped people to use them correctly, and there was a 'talking' microwave that helped people to operate the appliance safely. People had their own cupboard for storing food and crockery; door handles had the person's name printed on them in braille so they could easily identify which was their cupboard. We saw people starting to prepare their meals and noted that they were confident in carrying out this task and required minimum assistance from staff. Staff observed but only offered assistance when needed.

A social care professional told us that, when they attended care plan reviews, it was apparent that staff were well aware of the person's needs. They attended the review with the person but did not answer for them, and only contributed when invited to do so by the person concerned.

We noted that care plans contained information about people's wishes and views and we observed staff supporting and encouraging people to make decisions and have choice and control over their support. Comments from staff included, "We might offer two options with explanations to help people make decisions" and "It depends on the decision to be made. We talk and explain – look at options and may discourage some choices. We also use role play to help people reach their own decisions." The registered manager told us that people had chosen what colour to decorate their bedrooms. People could choose whether or not to have a key to their room; one person's bedroom door was locked when we visited the home and when they returned to the home they offered to show us their bedroom.

We asked people if staff shared information with them appropriately and took time to explain things to them. They responded positively. We saw that there was information displayed on notice boards in the home that kept people up to date with events within the organisation and in the local community; some of these were also produced in braille. One person who lived at the home had been encouraged to use their skills in writing in braille to produce staff rotas. This meant that people who had a visual impairment could access staff rotas independently without having to ask staff for this information.

A communication sheet was used to record any important conversations staff had with people and what had been agreed. For example, one person had been reminded that they had not vacuumed their room and to keep the noise level in their room at a reasonable level so they did not disturb other people who lived at the home.

The registered manager told us that there was an advocacy service in Harrogate and they reminded people who lived

Good

Is the service caring?

at the home about this at meetings. They said they would obtain a poster to display within the home so that people had a constant reminder about this service. There was also a Disability Support Service (DSS) drop-in service operated by Henshaws. There was a poster advertising this service displayed on the notice board. It stated, "DSS is a team of qualified visual impairment specialists with experience of supporting people with a range of abilities." The poster included a list of dates when the sessions would be held. Some people who lived at the home had been seen by the Disability Support Service to assess their ability to travel unaccompanied. One person had been assessed as being safe to travel by taxi to a supermarket, and two people who lived at the home regularly took air flights to visit members of their family.

In addition to this, the regional manager held a surgery at the organisation's Arts and Crafts centre once a month. Again, people were reminded about this at meetings and the registered manager told us she was aware that some people had accessed the service. Details of the Royal National Institute for the Blind (RNIB) helpline were also on display. This evidenced that staff encouraged people who lived at the home to seek the involvement of other professionals and support services to ensure they received the advice and assistance they required.

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Good

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and comprehensive care plans were developed outlining how these needs were to be met. Records evidenced that this information had been gathered from the person themselves, their family and from health and social care professionals involved in the person's care. It was clear from reading care plans that care was focused on the person concerned. The care plans we looked at were written in a person-centred way and recorded the person's individual needs and abilities as well as choices and likes / dislikes in a 'This is Me' document. Care plans included information about a person's preferred name, their early life, their hobbies and interests, the people who were important to them and "Things I would like you to know." People had also set goals and these had been recorded in their care plan. We saw that these goals were regularly reviewed with the person and updates were recorded in care plans. In addition to this, people had formal reviews of their care each year; these were organised by the local authority who commissioned the placement. As well as staff from 2 East Park Road, reports were obtained from the person's keyworker and from staff at Henshaws College to ensure that everyone involved in the persons care was consulted.

People told us that they had been involved in developing their care plan and one person told us that their key worker discussed their plan with them and it was updated when their needs changed. They added that they loved having this person as their keyworker. The registered manager told us in the provider information return (PIR) that each service user chose a staff keyworker who they liked and felt they could talk to.

Staff told us they got to know people's individual needs by talking to them and their families as well as looking in their care plans. Staff said that they shadowed experienced care workers for at least a month before they worked unsupervised. During this period they got to know the people who they were supporting and built up relationships with them.

We saw that people were supported and encouraged to maintain contact with their family and friends. There was a payphone in the dining area for people to use when they wished to contact a relative or friend. Staff told us that some people went home for short breaks and that they also met up with friends who lived locally, sometimes with support from staff and sometimes independently. One person who lived at the home told us they had spoken to a relative the previous night and they were meeting a friend on the following Saturday.

Each person had a 'service user timetable' in their care plan. This recorded the activities they took part in each day; these included music, woodwork, living skills, hydro gym, grocery shopping and swimming. Activities were carried out at establishments operated by Henshaws, and also at facilities in the local community. We saw that people's art work and certificates of achievement were displayed on the notice board in the dining room. One person told us they had 'lots of hobbies' they enjoyed when they were not attending their programmed activities.

A social care professional told us that the person they supported had a person-centred care package that enabled them to lead a full and active life. They were supported to socialise with their peers, to go on trips out, to take part in sporting activities and to access the local countryside.

On the day of the inspection we were told that four people from the home had just returned from a weekend away in the Lake District; they enjoyed telling us about this trip. One person had chosen not to go on the trip and a member of staff had stayed with them at 2 East Park Road for the weekend. The registered manager also told us that people had enjoyed a week of day trips out in September 2015.

Staff told us that they kept up to date with people's changing needs through handover meetings at the start of each shift, by reading the care plans and by checking the communication book. We saw the sheet that staff used to record information discussed at handover meetings. This evidenced that every person who lived at the home was discussed so that staff had up-to-date information about everyone's care needs. This system ensured that care workers had the information they needed to provide responsive care as people's needs changed.

Meetings were held for people who lived at the home. Staff told us that they encouraged people to 'speak out'. They said they talked about general household issues and then asked each person individually if they had any concerns, questions or comments. People who lived at the home told us they could express their views at meetings. Two people told us, "Yes, I can say what I think." Staff told us that

Good

Is the service responsive?

people were happy to speak up if they had a problem and this was evidenced in the minutes of meetings that we saw. A social care professional told us that any issues identified were dealt with immediately.

There was information displayed within the home about the complaints procedure; this explained what people should do if they were unhappy with any aspect of their care. The procedure was available in large print, on a CD and in braille; this meant it could be accessed by everyone who lived at the home. People told us they would not hesitate to speak to their keyworker if they had any concerns or a complaint, although one person told us they had never needed to complain. They told us, "My keyworker (name) would do their best to put things right – (name) is a star." People also told us they would be quite happy to speak to the registered manager and they felt their concerns would be listened to.

We checked the home's complaints log and saw that there had been no formal complaints made to the home since the previous inspection.

Good

Is the service well-led?

Our findings

The registered provider was required to have a registered manager as a condition of their registration, and the service had a manager who had been in post for several years. This provided a level of consistency and meant the registered provider was meeting the conditions of registration.

We asked for a variety of records and documents during our inspection. We found these were well kept and stored securely. It was the policy of the organisation to hold some documents at the head office. We requested that copies be emailed to us following the inspection; most of these were sent immediately but we had to remind the service twice to forward some of the other information to us so that we could complete the inspection.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We discussed this with the registered manager and it was evident they understood when they needed to submit notifications. However, there had been no serious incidents or safeguarding issues at the home during the previous twelve months that required a notification to be submitted.

We asked the registered manager to describe the culture of the service. They told us the home was "Open and family orientated. People are respectful of others who live here and staff", "Service users are encouraged to be open and vocal" and "Staff act as advocates and encourage consultation." Staff spoke positively about the culture of the service. Comments included, "The home is caring, welcoming and safe", "Staff are accommodating and helpful" and "A family culture." People who lived at the home told us, "We have our freedom and our own room to escape to if it gets too noisy" and "There are staff here to help us."

We observed that the registered manager was a visible presence within the home and was knowledgeable about the specific needs of people who lived at the home. We asked staff about the management of the service. One person told us that the registered manager was "Very informative" and was always available. They said, "You can phone (the manager) at any time." Another person told us they had chosen to work at 2 East Park Road because of the skills of the registered manager.

We observed that there was a good level of organisation at all levels within the service; staff we spoke with knew what they were doing and what was expected of them. We saw that there were clear lines of communication between the registered manager, staff and staff working at other Henshaw's establishments. The registered manager also knew what was happening within the service at an organisational level.

Staff told us they attended regular meetings (almost weekly) and that these meetings were a 'two way' process when issues were discussed openly. They were given information but were also able to ask questions and make suggestions. Staff also had the opportunity to discuss people who lived at the home to make sure they all had up to date information about people's care needs. The registered manager told us that if staff were not able to attend the meeting, they signed to record that they had read the minutes. This ensured that all staff were aware of discussions at team meetings, and any decisions made.

Staff said that they were confident any incidents or complaints would be discussed in detail at staff meetings and supervision meetings. They said there would be a thorough investigation and any improvements needed would be shared with all staff. They also told us that, if any individual issues needed to be dealt with, they would be addressed with the staff member concerned.

We saw that a satisfaction survey was given to people who lived at the home in June and December each year. People were assisted by their keyworker to complete the survey. The registered manager told us that any individual issues raised in surveys were discussed with the person concerned. More general issues were discussed at meetings with people who lived at the home and staff. An annual survey had also been distributed to staff; the registered manager was in the process of collating the responses and told us that feedback would be given to staff at team meetings.

We saw that the registered manager monitored any accidents and incidents that had occurred. An accident form was completed for each accident or incident; this recorded the date, the nature of the accident or incident and the date the form was sent to the organisation's health and safety manager. There had been a very small number of accidents or incidents during 2015 and this meant no overall analysis of accidents had been required. However,

Good

Is the service well-led?

the registered manager told us that they and the organisation's health and safety manager read all accident / incident forms and would recognise any issues or patterns that needed to be addressed.

The registered manager told us that quality audits were carried out by managers from another home within the organisation; this was a reciprocal arrangement that was intended to introduce some objectivity into quality auditing. Copies of these audits were not available on the day of the inspection but the registered manager forwarded a copy of the audit undertaken in November 2015 to us. We saw that the audit covered the topics of health and safety, first aid, maintenance care plans, complaints, accidents / incidents, medication, meetings, staff recruitment / supervision / training and included a discussion with people who lived at the home and staff. The audit form included space for comments and an action plan, including the date any identified actions had been completed. This showed that an independent person was checking the quality of the service provided, as well as the registered manager.

The registered manager told us that all managers working for the organisation attended a manager's meeting each month. Information about changes in legislation and good practice guidance was shared at these meetings. For example, the organisation's policies and procedures were due to be discussed at the meeting in January 2015. The registered manager also told us that they checked the CQC website periodically to ensure they were aware of the latest advice and guidance.