

Henshaws Society for Blind People

Henshaws Society for Blind People - 16 Spring Mount Harrogate

Inspection report

16 Spring Mount
Harrogate
North Yorkshire
HG1 2HX

Tel: 01423505736
Website: www.henshaws.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 January 2016 and was announced. The service was last inspected September 2014 and was found to be compliant with the regulations inspected at that time.

16 Spring Mount is registered with the Care Quality Commission [CQC] to provide accommodation and personal care for six people who have learning disabilities and an additional sensory impairment.

At the time of the inspection five people were living at the service.

There was no registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A manager was in post at the time of our inspection and they were in the process of applying to become registered with the CQC. We have called them the 'manager' throughout this report.

Staff understood the importance of ensuring people were safe from abuse and had received training in how to identify and report anything they may witness or become aware of. People were cared for by staff who had been recruited safely and were provided in enough numbers to meet their needs. The environment was clean and audits undertaken by the manager ensured people were not exposed to the risk of cross infection. People received their medicines as prescribed by their GP and staff had received training in the safe handling of medicines.

People were involved with menu planning and staff ensured they lead a healthy lifestyle. People were supported to access their GP and other health care professionals when needed. Staff received training which was relevant to their role and this was updated as required. Staff were trained in, and understood the principles of, the Mental Capacity Act [MCA] and understood when and how these principles applied.

People were supported by staff who were kind and caring and understood their needs. People had good, relaxed, open relationships with the staff and interaction was respectful. There was also a lot of laughter and sharing of jokes which created a safe, friendly atmosphere. People were involved with the formulation of their care plans and had signed to confirm they had understood and agreed the content. Staff respected people's dignity and they were provided with the space to exercise their right to privacy.

Staff had access to information which described the person and their preferences. People were supported to undertake activities which included maintaining and developing independent living and domestic skills. People were also supported to choose and attend college courses which were part of their agreed goals. People had the opportunity to make complaints and these were acknowledged and investigated to the complainant's satisfaction. People were also provided with information about outside agencies they could

approach to raise concerns.

People were consulted about the running of the service. Surveys and meetings were used to gather the views of people who used the service. It was discussed with the manager that it might be beneficial to gather views of others who have an interest in people's welfare, for example, relatives and health care professionals. The manager held meetings with the staff so they could contribute to the running of the service. Regular audits were undertaken to ensure people lived in a service which was safe and well run.

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.

Staff understood and had received training in how to recognise abuse and how to keep people safe from harm.

Risk assessments were in place which guided staff in how to keep people safe and how to support people.

The registered provider made sure no one was exposed to staff who had been barred from working with vulnerable adults and ensured there were enough staff on duty to meet people's needs.

The building was maintained and assessed to ensure people lived in a safe environment.

People's medicines were handed safely and staff had received training in this.

Is the service effective?

Good ●

The service was effective

Staff received training and support which equipped them to meet the needs of the people who used the service.

Systems were in place which supported people who had difficulty making an informed choice or decision.

People were provided with a wholesome and nutritional diet.

Other health services were involved in people's care when needed.

Is the service caring?

Good ●

The service was caring

Staff were kind and caring when they supported people and they understood their needs.

Records were kept which monitored people's wellbeing.

Staff respected people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in their care.

People's choices were respected and staff supported people with activities.

People knew who to complain to and these were investigated to people's satisfaction.

Is the service well-led?

Requires Improvement ●

The service was well led

The service was well led

People who used the service could have a say about how the service was run.

The manager undertook audits of the service to ensure people received high quality care and made improvements when needed.

The manager developed an open culture where people who used the service and staff felt supported.

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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 was 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 25 January 2016 and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be in. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We spoke with three people who used the service. We observed how staff interacted with people who used the service and monitored how staff supported them throughout the day, including meal times.

We spoke with four staff including care staff, domestic staff and the manager.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and five medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the

legislation.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, "I trust the staff, they look after and advise me about things", "The staff are brilliant and they keep me safe while I'm outside or in the house" and "I can tell them things and they will help me." They told us they felt there were enough staff on duty. Comments included, "The staff are always here we're never left alone" and "You can always find a member of staff they're really good."

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the Care Quality Commission. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on the grounds of race, culture, sexuality or age.

People's care plans showed assessments had been completed for areas of daily living which may pose a risk to the person. For example, road safety while out in the community, behaviours which put the person and others at risk and mobility. The assessments outlined what the risks were and how staff should support the person to alleviate them. For example, redirect the person if they showed any sign they were feeling threatened or were not comfortable with the situation they found themselves in.

The registered provider had undertaken a health and safety risk assessment of the premises. There were personal evacuation plans in place for all of the people who used the service; these took into account people's abilities and needs. They described the way staff should assist someone to leave the building in the case of an emergency to lessen the risks. Contingency plans were in place to ensure the service continued if there was any disruption to the provision of the service, for example power failure.

Staff told us they had a duty to raise concerns and to protect people who used the service; they understood they would be protected by the provider's whistleblowing policy. The manager told us they took all concerns raised by staff seriously and would investigate them. They told us they would protect staff and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the manager and felt they would be taken seriously and protected.

All accidents which occurred were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The manager audited all the accidents and incidents which occurred at the service. This was to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed.

We looked at recently recruited staff files and saw checks had been undertaken before the employee had

started working at the service. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service [DBS]. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults.

Staff were provided in enough numbers to meet the needs of the people who used the service. staff told us they never felt rushed or pressured and had lots of time to support people with their chosen activities. Rotas showed staff were provided in enough numbers during the day and night to ensure people's safety.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacy.

All areas of the service were clean and free from unpleasant odours. Staff observed good practise guidelines when undertaking any infection control procedures and had received training in this area.

Is the service effective?

Our findings

People who used the service told us they were actively involved in the purchase, planning and preparation of meals. They told us the staff helped them with this and they enjoyed this activity. Comments included, "We cook all our own food and we go shopping for it as well", "I buy the things I like but the staff make sure I eat proper food and not just junk food all the time", "We take it turns make the meals for everyone else as well, I really like doing that it make me feel involved" and "It's like being with my family." People told us they felt the staff were trained to meet their needs. Comments included, "The staff know how to help me and they make sure I get what I want" and "They seem well trained, they help me."

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, which included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example how to support people who displayed behaviours which challenged the service and have sight impairment. Induction training was provided for all new staff; their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

Formal lines of communication were effective with staff passing on information about people and recoding activities in their notes. There were good lines of communication between staff and the management team and we heard staff approaching the manager to pass on information, and to clarify the person's needs and activities for that day.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager told us all of the people who used the service could make their own decisions and no one was subject to a DoLS.

People who used the service were provided with a wholesome and nutritious diet which was monitored closely by the staff. This ensured people ate healthily, any problems were quickly identified and the appropriate health care professionals involved. People who used the service planned their own meals each week and undertook shopping to make sure they had the ingredients to make their chosen food. All but one of the people who used the service took it in turns to prepare the evening meal for the other people who used the service. This was undertaken with the guidance and support of staff ensuring the correct food hygiene procedures were followed. Staff did all the cooking at the weekends.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

Is the service caring?

Our findings

People who used the service told us they found the staff friendly and approachable. They told us, "The staff are really friendly, I get on with them all", "I can go to the staff for advice and they discuss things with me" and "The staff are brilliant they support me a lot." People told us they had been involved with the formulation of their care plans. Comments included, "We have regular meetings and I get to have a say about how I am supported", "I had my review the other week and all's going well at the moment" and "We have meetings about my care and I can change my mind if want they don't mind, I've tried all kinds of things since being here."

We saw staff had a good rapport with the people who used the service. We heard staff conversing with people in respectful and courteous manner and there was lots of friendly banter and sharing of jokes. When staff spoke with people they did not hurry them but allowed people time to consider their answer and process the information before speaking. People were seen approaching the staff for advice and guidance about their daily lives and activities.

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people. Staff we spoke with told us of the importance of respecting people's rights and upholding people's dignity. They told us they gave people options and asked them for their views. We observed staff asking people if they wanted to undertake activities and they respected their right to say no. They told us they respected people's privacy, always knocking on doors and waiting to be asked to enter. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

Staff understood they had to keep people's information locked away and not to divulge it to anyone who was not involved with their support. Staff told us they would not share information with anyone who was not authorised to view it. People had signed their care plans to indicate they consented to their information being shared with health care professionals and other staff who worked for the service. People's privacy, dignity and independence was promoted and protected. Staff knocked on people's doors and waited to be asked in. People's private space was respected and staff ensured doors were closed and permission was sought before support was provided.

We saw that a question about advocacy was asked as part of the survey the registered provider used to gain people's views about the service. People had responded they knew what advocacy was and knew how to access this if they needed it.

People's care plans showed development and maintenance of independence was a large part of the support the person needed. It detailed how staff were to support the person to develop and maintain domestic skills like cooking and cleaning to supporting them with budgets and accessing the community to attend college courses and work placements.

Is the service responsive?

Our findings

People told us they had a lot of support to access activities and pursue individual hobbies and interests. Comments included, "I can do all kinds of things, I go to the college and the staff make sure I get there on time", "I can chose what I want to do, I have set things for most days but I also have a lot of time do what I want to do, which is nice" and "We do lots of things, we have been on holidays. We're trying to decide where to go this year." People told us they had been involved with the formulation of their care plans. They told us, "We get in involved with our care plans and have regular reviews, I can say what I need and things I want to do" and "The care plans are done with us." People told us they knew they had the right to make complaints and raise concerns. Comments included, "I would see [manager's name] if I had any problems", "We can talk to the staff, they sort things out for me if I'm a bit anxious" and "We have meetings and we can say if anything's wrong, or if we want to change anything."

Care plans we saw evidenced people's input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example, occupational therapist and clinical psychologist. Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported. Assessments also identified which areas of their daily lives people needed more support with and how staff should provide this; for example personal care and behaviours which challenged the service and others. There was also evidence of risk assessments being undertaken and guidance for staff to follow about how to keep people safe from harm or how to deal with any situation which arose which put the person or others at risk. All assessments had been updated on a regular basis and there was evidence of health care professional consultation where required.

People were supported by staff to undertake activities. These were individual for each person, for example some people were encouraged to undertake tasks which helped to maintain their independence and living skills. People were supported to access the local community on a regular basis and attend local day services. They attend the Henshaws Arts and Craft Centre where they undertook courses to expand their experiences and skills, for example, arts and crafts and music courses. People undertook their own hobbies and interests, for example, one person was a keen drummer so this had been facilitated by the staff and equipment provided. Another person undertook power lifting and had won trophies and awards; these were on display in their bedroom. People told us they had been on holidays, this included holidays in Britain as well as abroad. One person was keen to show us the photographs from their last holiday to Ibiza. Progress with activities and interests were recorded in people's files. These were reviewed and changed if the person felt they were not progressing with a chosen activity.

Staff were acutely aware of the potential for people to become isolated and how this could affect their motivation and self-worth. They made efforts to engage people and included them in various opportunities like the running of the service and training courses. They supported people to keep in contact with their family and friends.

The registered provider had a complaints procedure which people could access if they felt they needed to

make a complaint. This was displayed around the service and provided to people as part of their welcome pack. The manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, for example, another language or pictorially. They told us they would read and explain the procedure to those people who had difficulty understanding it. The procedure ensured any complaint was acknowledged and a letter was sent informing the complainant within what time scales they should expect a response. The manager told us, "We receive very few official complaints but there is a system in place to deal with them." Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the local authority and the Local Government Ombudsman.

People's rooms were clean and tidy and contained lots of personal items which reflected people's personalities and interests, for example, pictures, media units, CDs and DVDs. People told us they had chosen their own colour scheme for their rooms and the communal lounge.

Is the service well-led?

Our findings

People told us they felt included in the running of the service. Comments included, "We have regular meetings where we can say if we want anything changing", "I have filled out a questionnaire, the staff helped a bit but they put down what I said" and "They are always asking us if there is anything we want to change, I like living here you feel part of what's going on." They told us they found the manager and the staff approachable. Comments included, "[Manager's name] is great I can talk to her", "The staff are brilliant they take the time to listen to you" and "I really like the staff they help me a lot."

The manager told us they tried to create an open culture at the service. They told us, "I like to think anyone can come to me for advice, both the staff and the residents." Staff told us they found the manager approachable and they could go to them for any advice and guidance. One member of staff told us, "I haven't worked here long but the manager has been brilliant, she's supported me really well." Another said, "I think the manager leads by example; she is always there when you need her." We saw the manager supporting staff and they had a good knowledge of people's needs.

Currently there is no registered manager in post. A manager is employed but has yet to complete their application for registration with the Care Quality Commission. A service that does not have a registered manager in place cannot receive a higher rating than 'requires improvement' in the well-led domain.

The service had good community links; all of the people who used the service used the local shops and day centre facilities. Staff supported people while they were out in the community to access these facilities safely. Staff understood their roles and responsibilities and knew they had a duty to report issues to higher management when they arose. They were all aware of the registered provider's policies and procedures and told us they had an input into the running of the service, one member of staff told us, "We have regular meetings and they share lots of information about the company and what their aims are, you really feel part of what's going on."

The registered provider states on their web site their vision is; 'to enable people with sight loss and people with other disabilities to build the skills and independence they need, to achieve the future they want'. The manager told us, "We support people to lead a normal life as possible and not to be held back."

The manager understood they had a duty under legislation to inform the CQC of any events in the service which affected the wellbeing of the people who lived there.

The service was regularly audited by the manager. This included audits of staff working practices through observation and supervision, audits of people's medicines, audits of care and support plans and audits of staff training.

People who used the service were regularly consulted about the running of the service. This took the form of meetings and surveys. However, other stakeholders who had an interest in the welfare of the people who used the service, for example, relatives and health care professionals were not consulted. This was

discussed with the manager and they were intending to discuss this with their managers to make it part of the ongoing evaluation of the service.

Responses from surveys were collated and a report published about the findings. Time specific action plans were put in place to address any issues and people were consulted with as to how their concerns could be addressed. Minutes were kept of meetings and these showed people's voices were heard and they had a say about how the service was run and any changes that were required.

Staff meetings were held on a regular basis and minutes of these showed people's needs were discussed and how these might have changed or developed. The minutes also showed any changes with working practises were also discussed at the team meetings; this included changes in legislation which might affect staff working practises and changes within company policy and procedures.