

Henshaws Society for Blind People

Henshaws Society for Blind People - 66 Hookstone Chase Harrogate

Inspection report

66 Hookstone Chase
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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 announced inspection took place on 26 July 2017.

At the last inspection on 15 and 21 December 2016 the service was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10, Person-centred care; Regulation 13, Safeguarding service users from abuse and improper treatment; Regulation 15, Premises and Equipment; Regulation 16, Receiving and acting on complaints; Regulation 17, Good governance; and Regulation 18, Staffing.

After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection on 26 July 2017 we found the provider was no longer in breach of the previously identified regulations and they had made significant improvements to the service and the care people received.

Henshaws Society for Blind People - 66 Hookstone Chase Harrogate is registered to provide personal care and accommodation for up to five people with a learning disability who may have an associated sensory impairment and physical disability. When we inspected there were four people living at the service.

There was a registered manager in post. 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 spoke positively about the staff and we observed that staff were caring and compassionate in the interactions we observed.

Staff had received safeguarding training and had followed local safeguarding protocols appropriately.

Action was taken to identify risks and action was taken to minimise any identified risks.

The provider followed safe recruitment practices to make sure only suitable people were employed.

There were sufficient staff employed to provide timely assistance to people. Staff received appropriate training and support for their roles.

Effective systems were in place to store and administer medicines.

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

People spoke positively about the quality of the food provided and people were encouraged to help with meal preparation.

People received care and treatment from external health care professionals when needed.

Staff knew people well and offered people the opportunity to take part in activities.

People reported improvements in the management and leadership and they told us that action had been taken to improve the service over the past six months.

Management process including audits and checks were in place and the service's premises and equipment were maintained and were in safe working order.

The arrangements for quality assurance and leadership within the service had improved. We did not improve the rating for well-led from 'requires improvement', because to do so requires consistent good practice over time. We will check this during our next inspection.

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 had received safeguarding training and they were aware of safeguarding and whistleblowing procedures. The manager had reported safeguarding concerns so these could be investigated in a timely way.

Risks were identified and actions taken to reduce these without restricting people's freedoms unduly.

Staffing levels ensured people received a safe and effective service that met their individual needs. Safe recruitment processes were followed.

Medicines were administered safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received relevant training and supervision to enable them to fulfil their roles effectively.

Staff were aware of their responsibilities under the Mental Capacity Act and mental capacity assessments and best interest decisions were completed where appropriate to do so.

People were supported to prepare and eat a varied and nutritious diet.

People had access to a range of healthcare professionals as needed.

Is the service caring?

Good ●

The service was caring.

We found that the professional and personal relationships between staff and people who used the service and their relatives had improved.

We observed staff were kind and people were treated with dignity and respect.

People who used the service were included in making decisions about their care and were consulted about their day-to-day needs.

Is the service responsive?

Good ●

The service was responsive.

People knew how to raise concerns or complaints about the service they received.

Staff were knowledgeable about people's backgrounds and preferences. People's care plans clearly described their needs. Risk assessments were reviewed and monitored appropriately.

People had access to activities of their choice.

Is the service well-led?

Requires Improvement ●

The service was well led.

We found that action had been taken to improve quality assurance systems and further planned changes were in progress.

We saw improvements had been made to record keeping. Audits were completed regularly in line with the provider's policy. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

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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 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 26 July 2017 and was announced. The nominated individual was given notice of the inspection at a meeting on 13 July 2017 because we wanted to be sure the registered manager would be available to speak with us when we visited. The inspection team consisted of one adult social care inspector, a pharmacy inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, such as notifications we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the safeguarding and the commissioning teams in the local authority, to ask them for feedback about the service.

On the morning of the inspection two inspectors visited the service and reviewed care records including Medicine Administration Records (MARs) for four people and people's financial records. We spoke with the registered manager and looked at records relating to the management of the home including the provider compliance audits, staff rotas, supervision and training records.

During the afternoon one inspector visited the provider's human resources department to check recruitment records for four staff. The inspector returned to the service later to speak with people who used the service on their return from their day services. The expert-by-experience telephoned and spoke with five relatives to gain their views.

Is the service safe?

Our findings

At our last inspection on 15 and 21 December 2016 staff had not always followed safeguarding procedures to protect people. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection staff had received further training and support to improve their knowledge about safeguarding and to guide their practice. We were shown their training records and staff confirmed they had received safeguarding training. They knew about the organisation's safeguarding and whistle blowing policies that were in place.

We saw that the manager had dealt with safeguarding concerns promptly and reported these so that any subsequent actions could be carried out effectively. Records showed that the manager had taken action in response to good practice recommendations, which followed a recent safeguarding investigation into the management of one person's finances.

We observed positive interactions between staff and people who lived at the service. Comments from people included, "I like the staff," "I like it here," and, "Yes, I think it is better here now." Comments we received from relatives included, "Staff are respectful of residents," "[Name] gets on with staff," and "[Name] is happy living there. I have no problem with the staff."

Risks associated with people's care were assessed, to ensure that people were supported to do the things they wanted to do in a safe way. We saw that records had been updated to include evidence of actions taken in response to accidents and professional advice.

Before our inspection we received information of concern with regard to the number of safeguarding alerts about medicine errors in relation to one person. Records showed these issues had been dealt with appropriately. We checked records of medicines administered to people. There were no gaps on the records and clearly indicated when the next dose of medicine was due. This meant that people had been given their medicines as prescribed. There was information to guide staff to safely administer when required medicines.

The room temperatures where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found records were completed in accordance with national guidance.

Medicine Administration Records (MARs) contained photographs of service users to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Documentation was available to support staff to give people their medicines according to their preferences. Handwritten MARs were signed by two members of staff to confirm dosage instructions had been transcribed accurately.

Medicines audits (checks) were completed and included daily, weekly and monthly checks by the manager.

Issues identified had been acted upon and improvements made.

Staff had received medicines management training and their competencies assessed regularly to make sure they had the necessary skills.

At our last inspection the premises and equipment was not clean and properly maintained. This was a breach of regulation 15(Premises and Equipment) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that broken items such as pedal bins and a vanity unit had been replaced. Additional domestic hours had been provided to assist staff with a 'deep clean'. The manager told us that they had nominated a staff member to undertake regular checks, to identify any cleanliness and maintenance issues or repairs required. Staff told us the cleanliness of the service and maintenance issues were discussed at the monthly staff meetings and house meetings. Records of meetings confirmed this was the case.

Monthly audits included inspections of the property and premises in relation to cleanliness and health and safety. This meant that areas of maintenance and repair could be addressed in a timely manner. In addition, the provider had appointed a health and safety manager who was in the process of carrying out their own checks across the organisation to ensure that the provider followed best practice with regard to current health and safety standards.

At our last inspection we made a recommendation that staffing should be kept under review to ensure people's needs could be flexibly met.

The manager described to us the progress they felt had been made to improve staff continuity. New staff had been recruited. Relatives we spoke with confirmed this was the case. One relative told us, "Over the past two years there have been staff shortages and too many different agency staff. The situation is getting better as they have recruited two new staff recently."

Records showed that the organisation followed a robust recruitment process. This included an application form, references and checks 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 adults who may be vulnerable because of their circumstances. This helps employers make safer recruiting decisions and helps to prevent unsuitable people being employed.

Is the service effective?

Our findings

At the inspection on 15 and 21 December 2016 staff had not all received suitable training and support to fulfil their role effectively. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw improvements had been made. Staff recruitment and retention had improved and this reflected in staff consistency, care and support for people.

In their PIR the provider told us that all staff either had a care qualification or were undergoing the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Since our last inspection a number of staff had completed training on dementia awareness, autism and epilepsy. This included face to face and online training. Records showed that newly appointed staff had also been booked onto this training.

We received differing views from relatives with regard to staff training. Comments we received included, "Staffing has improved since the last CQC report," "[Name] is getting the right treatment and care," and, "Not all staff seem to have had training in dealing with autism." The manager told us that as part of their role they ensured that all staff were up to date with any of the organisation's statutory training, role specific training and training related to the specific needs of the people who used the service. The manager planned staff meetings monthly, but these had not always gone ahead as planned owing to staff sickness or to other demands on staff time.

Staff told us that they received supervision and training relevant to their roles and this had resulted in an increased confidence and understanding of their roles. Records showed that supervision sessions were being carried out at regular intervals, to promote and support individual performance.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found that staff had not always followed the principles of the Mental Capacity Act 2005 when they planned people's support. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw

progress had been made to improve this aspect of care and the provider was no longer in breach of regulation. From our discussions with staff they understood the principles of the MCA and best interest decision making and could describe examples of where these had been used. We observed staff gained consent before they delivered care. One person had active DoLS authorisations in place. The registered manager had notified us of this as the law requires.

During our inspection visit we saw people were consulted about their preferences and, where necessary, we saw staff used methods such as picture cards to aid communication. One person who spoke with us said they were involved with decisions about their care. Staff told us for other people their relatives dealt with matters on their behalf. Relatives told us that communication had improved. Comments included, "They all seem to care and keep me in the loop," and, "They [Staff] let me know if anything has happened immediately."

We received positive comments on the quality of the food. People were offered a choice of menu and had a plentiful supply of vegetables and fruit. Comments included, "I like the food," and, "[Name] knows what I like and cooks that for me." Another person said, "I like to help prepare the vegetables for tea and I load and unload the dishwasher." People were offered drinks and snacks on their return from their day services. We observed that tea was a pleasurable, relaxed time. People who used the service were chatting amongst themselves and with staff and they appeared relaxed and happy. There were enough staff to assist with serving meals and to support people who needed additional assistance.

People who used the service told us that they were encouraged, wherever possible, to assist with food shopping and meal preparation. People's dietary needs were recorded and this included any assistance people needed with food preparation and eating. Nutritional risk assessments were used to help identify anyone who was at risk of poor nutrition or weight loss. This meant that people were assessed appropriately round their nutritional needs.

Information in people's care files included the input from health care professionals such as their GP, psychiatrist, community mental health nurse, dentist and optician.

Is the service caring?

Our findings

At the inspection in December 2016 the provider had not ensured the culture promoted kind, respectful care and treatment. This was a breach of Regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now compliant with Regulation 10. We observed positive, person-centred interactions between staff and people who used the service. We observed the atmosphere throughout the inspection was cheerful and purposeful. Staff were friendly and patient and demonstrated a caring, compassionate approach both in their conversations about the people they care for and in the interactions we observed. There was a relaxed atmosphere and people looked comfortable and at ease with the staff who supported them. We saw that staff were calm and unhurried; they had time to spend with people and did not rush people. We observed that people were treated sensitively and that when they needed assistance this was given willingly.

At our last inspection we were told that staff had not always supported people with their basic care and hygiene needs appropriately. At this inspection we observed people were well dressed and looked cared for. We saw that when people needed assistance with their personal care staff were discreet and closed the door when they were undressing, which protected their dignity. Each file contained an agency checklist to promote continuity of care when agency staff were on duty. This helped to ensure that individuals were supported at all times in areas of health and hygiene.

Several people who used the service and relatives commented on recent staff appointments and they said they felt the changes had been of benefit to reduce the number of agency staff used. Comments we received from relatives included, "Staff are respectful of residents, "All the staff seem to be caring," "[Name] is happy living there," and, "[Name] seems to get on with all of the staff." One relative we spoke with went on to say that nothing was too much trouble for the staff. They told us, I cannot think of anywhere better."

Records of house meetings showed that people were asked their views on what they wanted to eat and how they spent their time. This showed that people's views were listened to and taken into account.

People told us there were no restrictions to prevent them visiting their family members and some people made frequent visits to see their families. Most people were collected by family for visits and one person travelled independently. This showed us that people were supported to keep in touch with people who were close to them.

Is the service responsive?

Our findings

At the last inspection in December 2016 we made a recommendation that the provider took action to improve how staff responded to complaints.

At this inspection we found the approach to complaints handling had improved. Relatives we spoke with said they were aware of the formal complaints procedure, and said they would have no difficulty in raising any concerns. They reported an increased level of confidence in the staff team to resolve any issues raised with them quickly. One relative told us, "The atmosphere is better than it was and is more homely."

People's care records contained assessments, risk assessments and care plans covering key areas of care, such as nutrition, manual handling and mobility. New care plan documentation had been introduced and covered aspects of daily living such as, 'Me and my disability', 'How I get around', 'In the community', 'At home', and, 'At work' among other things. Risk assessments were reviewed on a regular basis, to ensure that risks to people's wellbeing were monitored. We saw that where community professionals had made recommendations these had been incorporated into people's care plans. Relatives informed us they were involved in care planning and the annual care reviews.

From 31 July 2016, all organisations that provide NHS care or adult social care were legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, so they can communicate effectively with health and social care services. We saw that consideration had been given to the way care plans were produced to make them accessible. For example, for one person their care plan stated the font size to enable the person to access their records.

We saw records contained information about what was important to each person and their likes and dislikes. One person said to us, "Music is very important to me" and, "I like listening to and writing out song lyrics." We found that staff knew people well and could talk with confidence about each person's life and their preferred activities. For example, one person liked to make telephone calls to their family each week and staff said that they supported the person to do this.

We looked at daily records and found the quality of the recording had improved and these were being audited monthly to ensure that the progress was sustained. This meant that the service could demonstrate that outcomes for people's care and support needs were identified and met.

People attended day services at the Arts and Craft Centre, which was offered as part of their residential fee. People told us they were also involved in other work and leisure activities in the community. A relative told us, "[Name] is far more independent than before."

We spoke with staff regarding people's individual care and support needs. Staff told us they worked closely with people as keyworkers. This consisted in monthly one to one meetings to check on people's progress and identify new goals. One person said to us, "I like [Name]. They are going to be my keyworker."

Is the service well-led?

Our findings

At the inspection in December 2016 we identified that the provider's internal governance systems were not always effective. Also, records were inconsistent and some were incomplete. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now compliant with Regulation 17. We saw that significant progress had been made and the provider was no longer in breach of the regulations identified at the previous inspection. While we are satisfied that previously identified breach in regulation is now met for a domain to be rated as good we need to see consistent good practice over time therefore we will continue to monitor the service and return to review these areas again at the next inspection.

The provider was required to have a registered manager as a condition of their registration, and the service had a manager who was registered with the Care Quality Commission. This meant that the provider was meeting the conditions of their registration. The manager told us they were committed to ensuring people received a good service and had plans in place to ensure on-going improvement was sustained.

Feedback from a range of sources including relatives and social care professionals was that the service could develop a more proactive approach so that steps could be taken to prevent situations from happening, rather than waiting to respond to it after it had happened. One relative reported, "[The service] is better led than before, progress is being made in the last 6 months to improve standards in all areas." Other comments we received included, "Two managers are working together to bring about changes for the better," and, "Problems are being addressed."

The manager described work they had undertaken to make the required improvements. For example, they completed audits to ensure that the daily, weekly and monthly checks were being carried out in service. Additional monthly audits were carried out by other managers in the organisation and these were submitted to senior management for oversight and review. Management reports included details of health and safety checks, medicines handling, discussion and feedback from people who used the service and care plans.

The Head of Henshaws Housing and Support had provided regular supervisions with the manager to monitor progress and this was followed up on a service level by another manager who had provided mentorship and support.

The provider's vision and values was set out in the 'Henshaw's Rocket', which looked at what the service was good at, how they benefited people who used the service, how they generated interest and support in the charity and services, and how they generated income. In their PIR the provider told us that they planned to continue to engage regularly with staff through regular staff meetings and the introduction of 'champions' to take the lead in specific areas across the service. This demonstrated that there was a commitment to encourage staff to contribute to the development of the service. The manager reported they wanted to develop this aspect of the service once the new staff were fully established.

In addition, the provider had advertised a new management role with specific responsibility and focus on quality assurance. Other recent appointments included a training co-ordinator and health and safety manager. This showed a commitment to ensure the improvements we identified were sustained and people continued to receive a good standard of care.

We asked for a variety of records and documents during our inspection. We found that record keeping had improved. People's records were detailed, which meant we could track the care people had received and could be confident people's needs were met. Records showed that maintenance checks were completed in a timely way to ensure the premises and equipment was maintained in a good state of repair.

Policies and procedures were in place and these were based on up to date legislation and good practice guidance. The provider ensured staff had looked at the policies and we saw evidence staff had signed to say they had read and understood them. This meant the provider had ensured staff had access to up to date good practice guidance to support them to deliver good care.

The manager was aware of notification requirements and the manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.