

Henshaws Society for Blind People

Henshaws Society for Blind People - 2 East Park Road Harrogate

Inspection report

2 East Park Road
Harrogate
North Yorkshire
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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 ● |

Summary of findings

Overall summary

This inspection took place on 4 July 2018 and was announced.

2 East Park Road is registered to provide care and accommodation for six people who have learning disabilities and an additional sensory impairment. The home is situated within walking distance of Harrogate town centre where there is a wide range of shops and leisure facilities. It is a large four storey semi-detached house with a paved garden area to the rear. The registered provider is Henshaws Society for Blind People. At the time of this inspection there were six people using the service.

2 East Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager who has been registered for the past sixteen years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff had received safeguarding training and were aware of how to recognise and respond to risk. Individualised risk assessments were in place and people were supported with positive risk-taking to maintain their independence, choice and control.

We found that the management of medication was safely carried out.

Staff had been employed following robust recruitment and selection processes. There were sufficient numbers of staff who were deployed appropriately in the service to meet people's needs and support people to live safely and as they had chosen to.

People that used the service were cared for and supported by qualified and competent staff that were

regularly supervised and received appraisal regarding their personal performance. Communication was effective, People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on.

People were supported to live their lives to their fullest, as active members of the community which enhanced their lives. They were supported to follow their interests and engage in things important to them. People's care plans were very person-centred and were reviewed regularly with them to ensure they were involved, and goals were set, which they were supported to achieve.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

Further information is in the detailed findings below

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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.

This announced inspection took place on 4 July 2018 and was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local authority safeguarding and commissioning teams. We used this information to help us plan the inspection.

We looked at two people's care records and six medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for three members of staff, staff training records and policies and procedures and records of maintenance. We also took a tour of the premises to check general maintenance as well as the cleanliness and infection prevention and control practices within the service.

We spoke with six people who used the service. We spoke with the registered manager, housing and support manager, deputy manager and a member of care staff.

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

We found people were supported safely. The rotas showed flexibility in the shift patterns to accommodate people who wished to go out on activities during the day and evenings. Staff told us they worked flexible hours including sleepover duties, and felt there were enough staff on duty to meet people's needs and carry out their roles and responsibilities. We asked people if they felt safe and people answered, "Yes, definitely." Another said, "Yes, certainly I feel safe."

Staff completed detailed risk assessments for each person, which were person-centred and provided clear guidance to staff on steps they should take to minimise risks whilst promoting people's independence. People were encouraged to manage their own positive risk taking wherever possible to ensure they were in control of their lives. There had been only one instance of challenging behaviour recorded in the last year. Staff had taken appropriate action to diffuse the incident and keep people safe. They told us their positive behaviour training ensured they were confident in how to manage incidents between people who used the service and others.

Accidents and incidents were recorded by staff and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager had oversight of these and sent a report to the provider who monitored these.

The service was well-maintained, clean and tidy throughout. Fire risk assessments and safety checks were in place and monitored regularly. We saw the service regularly reviewed environmental risks and carried out safety checks and audits.

Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. We saw that the chairs and settee in the lounge area was worn and dirty in places. The registered manager said this had been noted in the audits and the provider was aware that this furniture needed replacing. Discussion with the registered manager indicated they were aware that cleaning schedules needed developing to formally record the cleaning taking place in the service. They said these would be developed as a priority.

We looked at how medicines were managed within the service and checked people's medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training files.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. People were able to be part of the interview panel during staff recruitment.

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

People were able to communicate well with each other and staff. Everyone who used the service was registered as blind or partially sighted. People's needs were assessed and they were supported to meet their desired outcomes. People told us, "I am well looked after and staff give me support when I need it" and "Staff know me well and I am able to make my own choices and decisions here."

There was a comprehensive induction and training programme in place for new staff and there was continuing training and development for established staff. Staff completed Disabled Awareness Training (DATS) which was face-to-face sessions with a rehabilitation officer. This included discussion on how to support people with vision problems and autism. This training was completed in the first four weeks of employment. One member of told us the level of training was good, for example the positive behaviour support training they had attended the week before was "The best I have ever had." The provider gave staff guidance can support through regular supervision and annual appraisals.

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. Where people lack mental capacity to make 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 are called the Deprivation of Liberty Safeguards (DoLS). We found that everyone who used the service had capacity and there were no external advocates being used. People were offered choice and asked for consent before support was given.

People were actively involved with meal provision and exercised genuine choice regarding food and drink. Menus were completed weekly by staff and people on a one-to-one basis. Each person produced a list of what they wanted to eat and then went to the shops to purchase the ingredients. On the whole people were shopping for their evening meals and snacks as breakfast items came out of the communal fund paid for by the provider and most people ate out at their activities or day centres.

People received input from health care professionals such as their GP, dentist, optician and podiatrist. People received regular check-ups and staff provided people with support to attend their appointments where required. Hospital 'passports', in a format each person could read and understand were taken by people to medical appointments to be shared with health professionals.

The environment was clean, tidy and well maintained. There was a range of vision impairment technology in the service. People showed us the 'bump on' markers they used for the washing machine, tumble drier and food canisters in the kitchen. These were raised dot (braille) stickers which they used to identify what they

wanted such as the correct washing programme or sugar in the canisters. One person had a hot water indicator which they used when making a cup of tea; there was also a talking microwave which enabled people to independently make simple meals.

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

We found the service to be calm and relaxed and as we walked around the building in the morning. Everyone who used the service was independently mobile and did not require mobility aids. People were at ease in the service and the conversations being held between them and staff were friendly and relevant to the person's interests.

One person said, "I enjoy life here in the service. There was nothing for me to do back at home. Here I can go out everyday, I have friends I spend time with and there is lots for me to do. I get to see my family fairly regularly although it is a long way to get there." We were shown this person's bedroom which was well organised and clean. They told us, "I clean my room and do my laundry each week and staff will support me if I need this, but I am usually okay."

Staff demonstrated the right skills to get to know people well and had time to spend with people throughout the day. The care provided was person-centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. The majority of people had their own routines that they liked to stick to. People used their independent living skills to clean their rooms, do their laundry and make simple meals on a weekly basis. Some individuals needed support from the staff for certain tasks and these were clearly documented in their care files. For example, with changing bedding, folding clothes and ironing.

The majority of people had personal mobile phones to stay in touch with family and friends. They arranged family visits and trips home themselves. One person went four times a year to see their family who lived abroad and another took an aeroplane to see their family who lived in Southern England. One person told us, "I have just got back from two weeks holiday with my family. I love it here and the staff are fantastic. I get to do my own thing and get the support I need, when I need it. I can get on with my life, I am mostly independent and staff respect that."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. We saw that staff treated people on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files.

People were very satisfied with the care and support they received. Staff promoted people's dignity and privacy, knocking on their doors and waiting for approval before entering. A member of staff said, "I always knock on the door and ask if I can come in. If they don't want to be disturbed then I respect their wishes." A person confirmed, "Staff know what they are doing. They shut the door to maintain my privacy."

No one was using an advocate, but the registered manager said people would be supported to access independent sources of advice when needed.

Is the service responsive?

Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

People's care plans were extremely detailed and person-centred. Staff spoke with people on a one-to-one basis to help them express their wishes and choices and these were documented in their care files. Each of the care plans included details of the person's care needs, their wishes and aspirations in the area and any risks related to the need. This meant that people's care profiles included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded.

People had been consulted on future care planning. Staff had liaised with people and with their relatives to establish how best to support a person when they approached the end of their life. We saw this was recorded in people's care plans when they had wished to discuss this. At the time of the inspection, nobody was being supported at the end of their life.

People's individual needs were met in a way that ensured flexibility, choice and continuity of care. The keyworker was responsible for ensuring people's individual needs were met and developed a personalised activity plan with each person, which was reviewed monthly. During reviews people would set their own goals, tailored to their needs and preferences. This meant that people improved their independence and were supported to achieve their aspirations.

The provider complied with the Accessible Information Standard (AIS), which sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with disabilities, impairment or sensory losses. They achieved this by assessing and identifying and then managing people's individual communication needs. For example, two people preferred to receive information in an audio format and another liked their documents in braille. People showed us how this had been organised for them.

A member of staff said, "It is a really nice place. We help people to live the lives they want to lead." People we spoke with enjoyed weekday and weekend activities including going to the theatre, attending the local gym and trips out to the cinema. During the inspection we noted that people were at the gym, going to a music concert that evening and were out at various clubs and activities. Staff told us, "The staff team is great and we enjoy going out and about with people who use the service."

People had access to a copy of the provider's complaint policy and procedure in a format suitable for them to read and understand. We looked at the complaints folder and saw that no complaints had been made in the last year,

Is the service well-led?

Our findings

At the last inspection we found the service was well-led and awarded a rating of good. At this inspection we found the service remained good.

The provider was required to have a registered manager in post and on the day of the inspection the manager had been registered for sixteen years. People told us the registered manager and deputy manager were approachable and the service was well-led. People told us, "The manager is very good" and "The manager is marvellous and everything runs well."

The leadership, governance and culture promoted high-quality person-centred care. The registered manager had established links with other organisations and professionals to ensure people received a good service. This included working in partnership with health and social care professionals.

The service had an open and positive ethos and welcomed the involvement of staff and people who used the service. Regular meetings were held with both staff and people who used the service to enable them to participate and provide feedback on developments in the service. People who used the service chaired their own meetings and were involved in writing the agendas and contents for discussion.

Staff spoke positively of the registered manager. Comments included, "I get on well with the manager, they are really approachable." Another said, "I can go to the manager and assistant manager with anything, they are really supportive." Staff were aware of the visions and values and strategic goals of the service. Equality and diversity were actively promoted and any workforce inequality was acted on so that staff felt they were treated equitably. Staff told us, "This is a good company to work for."

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the provider and where necessary action was taken to make changes or improvements to the service.

The registered manager monitored and analysed risks within the service and reported on these to the provider. Audits of the systems and practices to assess the quality of the service were completed, which were then used to make improvements.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.