

Henshaws Society for Blind People Henshaws Specialist College

Inspection report

Henshaws College
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Henshaws Specialist College is a residential further education college specialising in support for young people. Most of the young people attending college are between 16 and 25 years of age and have a physical or learning disability or autism. Our inspection looked at the residential accommodation, healthcare provision and care and support for young people outside their educational curriculum.

At the time of this inspection, there were 34 young people accommodated in four residential houses. Another 14 young people were receiving registered healthcare provision as day students.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Young people received highly personalised care. We found young people took part in a range of fun activities and experiences, which helped to build confidence, increase self-esteem and gave young people a sense of achievement. Feedback was entirely positive with comments from relatives including, "Overall, I just think they are doing a fabulous job" and "The aim of the course is to make [Name] as independent as possible, they (and we) want them to graduate as independent as they can be into society."

Careful pre-admission assessments and planning made sure young people's care needs including healthcare and behaviour needs were fully considered. Staff received relevant training and could meet these needs effectively. The hospital learning disability liaison nurse was also made aware of new admissions, so in the case of hospital treatment they could help organise their care. This had led young people to having more positive experiences when medical treatment was required.

Thorough risk management processes focused on people's abilities and how staff could support them to try new things safely. This had led young people with very complex needs to achieve goals for the first time, including sailing, kayaking and rock climbing. In their written feedback about a recent trip, one young person had said, "I loved it. I like the zip wire the best." Other young people had begun new enterprises and were looking at their future plans on graduation.

Staffing was organised around people's assessed care needs and staff were recruited safely. Feedback about staff was positive. People said staff were caring and compassionate. One young person said, "Staff are lovely, they care for me." Relatives told us, and we observed, people were treated with dignity and respect, and staff promoted young people's independence.

The service was well-managed and organised. Effective management systems were in place for managers to assess and monitor the quality of care provided to young people and drive continuous improvement. Managers and staff were highly motivated to develop the service and provide young people with the best care possible.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured young people who used the service lived as full a life as possible and achieved the best possible outcomes that included control, choice and independence.

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

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 16 January 2019). Since this rating was awarded, the provider has registered to provide nursing care. At the time of the inspection, a total of 20 young people were receiving nursing interventions as either residential or day students. This is the first inspection of the healthcare provision provided at Henshaws Specialist College.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Henshaws Specialist College

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector and two Experts 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.

Service and service type

Henshaws Specialist College is a residential further education college. It is registered with the Care Quality Commission (CQC) as a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We looked round the residential accommodation and observed care to help us understand the experience of people who could not talk with us. We spoke with five young people and staff including team leaders, care workers, the positive behaviour support leader, curriculum lead and maintenance staff. Managers we spoke with included the principal and vice principal, registered manager, clinical lead and head of therapy, educational and sensory support (TESS) team.

We reviewed a range of records. This included care and medication records for five young people. We looked at three staff files in relation to recruitment and staff supervision, and reviewed records relating to the management of the service. The Experts by Experience telephoned and spoke with six relatives about their experience of the care provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records. We spoke with the nominated individual by telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Young people were safe from abuse, neglect or harm. They looked at ease, were comfortable with staff and interacted positively with them.
- Young people knew who to speak with if they had any concerns or were upset. Posters around college displayed the photographs and names of staff who young people could approach for help. This information was also produced in other formats such as braille and discussed at regular house meetings.
- Relatives told us they thought their family member was well looked after and safe. One said, "Absolutely, I think [Name] is safe."

Assessing risk, safety monitoring and management

- Staff identified and minimised potential risks including risks for activities outside college. The provider's specialist therapy team were involved in the risk assessment process. They assisted in the development of positive strategies for young people who presented with anxiety or distress.
- Care plans guided staff on how to promote young people's safety and independence. For example, through monitoring, specialist equipment such as sensor alarms and regular healthcare professional reviews.
- Routine monitoring checks were undertaken to assess the safety and security of both the premises and equipment. The provider had identified some windows did not meet safety standards. Following our inspection, the registered manager confirmed the timescales for all windows to comply with published health and safety guidance.
- Procedures were in place for emergencies. Fire drills were undertaken routinely to ensure young people knew what to do. Personal emergency evacuation plans were in place for young people receiving a care service. We discussed introducing a summary sheet for all students, which could be made available to emergency services. The Principal agreed to introduce these.

Staffing and recruitment

- Staff were safely recruited.
- Sufficient numbers of staff were deployed to meet people's individual care and support needs safely. Relatives told us, "It's been very consistent with staff" and "[Name] normally has the same staff, they are all lovely."
- Staff followed a thorough assessment process to assess the care and support each person required before admission. The registered manager used this to determine the staff needed.

Using medicines safely

- Arrangements were in place to store and manage young people's medicines safely.
- All staff who administered medicines had received medicines training. Nursing staff assessed staff competency to administer medicines.
- Relatives told us young people received their medicines on time.

Preventing and controlling infection

- Good systems were in place to reduce the risk of the spread of infection.
- The clinical lead had responsibility for infection prevention and control (IPC) practice; the clinical team had undertaken regular IPC audits and supported young people with training on hand hygiene. Work had recently taken place with students to produce displays about IPC.
- A member of staff had been identified to act as IPC champion in each house. We discussed with the clinical lead also producing an annual statement on infection control, which they agreed to do.

Learning lessons when things go wrong

- Clear systems were in place for managers and staff to respond to and monitor accidents and incidents and share learning.
- The registered manager reviewed accidents and incidents for any emerging themes and trends. Individual incidents were followed up and changes to processes identified and actioned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The assessment process was meticulous. Staff from all disciplines participated in the assessment care planning and review process.
- Staff carefully considered people's individual care needs and were well prepared for their arrival. Young people were assessed at home and in the college environment before placements were agreed. They were involved in each stage of the assessment and care planning process.

Staff support: induction, training, skills and experience

- Staff were well trained; managers promoted a culture of sharing, reflection and improvement.
- Training sessions were decided around the needs of the students; any gaps in knowledge were identified and met. Staff were positive about their training and support. One told us, "Training is excellent here."
- Registered nurses completed competency checks and observations to ensure young people who required nursing interventions received safe care and treatment from competent, skilled staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a nutritious diet. Staff supported young people to make positive choices over the food they ate.
- People's eating and drinking plans were detailed. These included clear guidance to ensure people's food was suitable, and met their complex needs and preferences.
- Staff identified risks regarding malnutrition or choking and managed these with support from the therapy, educational and sensory support (TESS) team and external professionals. The TESS team included qualified therapists across specialist areas such as physical therapies, communication and sensory support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was effective communication between college staff and local health services. The clinical lead alerted the local hospital learning disability liaison nurse of new placements; familiarisation visits had been made to the hospital, the GP and dentist. The dental nurse had visited the service to meet with young people and to teach staff how best to support them.
- People had hospital passports detailing their health and communication needs, together with other important information.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Young people's rights were protected because staff followed MCA. Where young people were assessed as lacking capacity, authorisations and best interest meetings were requested and followed up with the relevant local authorities.
- Staff understood the need to assess young people's capacity and support them with decision-making. One relative told us. "I believe they ask [Name] for consent and [Name] is well able to give their opinion."
- Staff understood people's non-verbal cues and the action they needed to take to ensure people who were not able to communicate could also make decisions. A relative said, [Name] cannot talk but they communicate in other ways and their regular staff understand what they mean."

Adapting service, design, decoration to meet people's needs

- The environment was adapted to meet young people's care needs and promote their independence. Accommodation was wheelchair accessible throughout and several rooms were equipped with ceiling hoists.
- Staff considered people's care preferences and needs when looking at accommodation, so those who preferred a quieter space could be accommodated.
- Young people had access to a wide range of accessible facilities in college including swimming and hydrotherapy pools, gyms and a sports hall.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Young people enjoyed warm, caring relationships with each other and with staff. Relatives spoke positively about the quality of relationships, which staff fostered. One said, "The staff know [Name] incredibly well. [Name] has an excellent relationship with staff." Another commented, "The staff are like a second family, they clearly care."
- Interactions between young people and staff were warm and cheerful. Staff included young people in conversation; where young people needed support and reassurance staff offered this willingly and with good humour.
- The care and support young people received from staff considered their religious and cultural needs. The college had a faith room on site, which was accessible to young people and staff including outside college hours. Staff encouraged young people to consider how they could include people of different faiths or no faith in all celebrations. For example, in response to one person's suggestion, the 'Winter Ball' was named to encourage inclusivity.

Supporting people to express their views and be involved in making decisions about their care

- Staff were knowledgeable about young people, understood how to communicate effectively with them and supported their choices and preferences.
- Young people told us they were involved in their care planning, which was reviewed with them. Relatives confirmed they were also involved and said staff listened to them, and acted upon what they said. One told us, "Staff are deeply committed, they listen and take on board anything I say to them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. For example, access to the residential accommodation was limited to young people who lived there and their care and support staff.
- Staff encouraged people to be independent, develop their self-esteem and confidence, and lead a fulfilled life. This included assisting with household tasks such as meal preparation and tidying.
- People's needs were carefully assessed to ensure they had the equipment they needed to support their independence. For example, staff provided support to one person in a caring and respectful manner helping them to prepare the evening meal but without unnecessary risk.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Young people became involved in lots of activities and led fun and fulfilled lives. Everyone adopted an 'I can do' attitude to overcome potential barriers. Young people with very complex needs had achieved goals for the first time, including sailing, kayaking and rock climbing. Those participating in a National Citizen Award, had written and performed in a show to share their experiences. One reported, "People couldn't believe what we had achieved."
- Young people had opportunities to engage in new things. Staff encouraged young people to think creatively about things they wanted to do. For example, one person had started an enterprise in candle making, which they then sold at a craft fair. This experience had resulted in increased confidence, and a sense of achievement and joy.
- Staff met young people's individual needs relating to their age, protected characteristics, values and beliefs. College was an early adopter of the relationships and sex education framework to ensure best practice and provision. This helped young people prepare for life and know and value who they are and how they related to others.
- Excellent support was in place to assist young people transition from college. Each person had a personalised programme through a scheme called Next Steps. One relative told us how the programme put in place for their loved one had "transformed" their life. Three young people were completing supported internships and were aiming on gaining paid employment after graduation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A nurturing and supportive approach followed admission to ensure each young person received high quality, person-centred care. One person described the care their relative received as excellent. They said, "Staff made every effort to learn about [Name] and helped them grow in every way."
- Highly effective communication existed between the clinical lead and other professionals. For example, the clinical lead alerted the hospital team to admissions. This meant the learning disability nurse already had the young people's details, could meet them in hospital and organise their care. This led to young people having more positive experiences during hospital stays.
- The multi-disciplinary approach to behaviour had a positive impact on young people who benefited from clear, consistent approaches. Young people had positive strategies, which enabled them to gradually regulate their own emotions and behaviour. This approach had resulted in a positive reduction in the number of restrictive interventions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff made every effort to help young people communicate effectively. A multi-disciplinary approach was adopted to assess the best assistive technology for each person. Members of the TESS team worked alongside care staff to help them develop their skills to support young people to use their equipment. This had a positive impact on young people's lives.
- Staff used innovative and responsive ways for young people to use technology in ways that met their communication needs. For example, the use of a speech-generating device enabled one person to take an active part in meetings.
- Information was provided to young people in accessible formats such as talking mats. Staff also understood how people communicated for example by pushing away, unhappy facial features or ignoring the other person.

Improving care quality in response to complaints or concerns

- Complaints were followed up and well-managed. This was confirmed in feedback from relatives. One told us, "When I ring or write, it is immediately acted upon and acknowledged."
- Staff worked creatively to involve people in resolving issues. In one house people had considered how they could help each other better. They thought about how they wanted to record their progress. They came up with the idea of a points system with the winner choosing the next activity. One person told us they hoped to win as they wanted to visit the world's largest aquarium and thought it was something everyone would enjoy.

End of life care and support

- No one was receiving end of life care when we visited. Issues about change and loss were discussed with young people during personal, social, health and economic lessons in college.
- Following a recent death, staff from a local hospice bereavement counselling service had provided individual counselling. This gave young people and staff a safe and confidential space to discuss their loss. The Student Liaison worker said they had also been contacted for support and reassurance at this time. Staff had encouraged young people to share their memories with photographs, a balloon release with individual messages of love, and a memorial garden.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Young people benefited from a staff group with clear, shared values of 'building confidence, developing independence and supporting achievement'. One relative told us, "[Name] has excellent care at Henshaws; it has been very comprehensive and has broadened their horizons."
- Initiatives such as the Next Steps programme helped enhance young people's confidence and abilities and raise their aspirations. Regarding the introduction of Next Steps, a member of staff told us, "The developments made have been massive and you can see how valued they feel as a person."
- Staff were positive about the registered manager and the management team. One said, "We have the right people in roles now. The registered manager is brilliant. They have been fundamental, together with the new clinical lead and positive behaviour support lead, for the positive changes we have seen."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities regarding 'duty of candour'. The management team were open and honest about events and incidents where outcomes could have been better.
- Managers constantly looked for ways to continuously improve the service. For example, the new Flight Path programme to create individualised plans from pre-assessment to after graduation. Activities included transition and induction days, early next steps discussions, and life after graduation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective management systems were in place to safeguard young people and promote their wellbeing. Managers and staff completed regular checks to make sure young people's views were being considered and they were safe.
- The management team communicated incidents and concerns both internally and externally to local authorities and CQC as required.

Working in partnership with others

- Good links had been established between staff, healthcare professionals and potential employers; staff had forged links with mainstream schools and colleges.

