

Henshaws Society for Blind People Henshaws Specialist College

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Henshaws College Harrogate on 15 and 16 March and 17 and 19 April 2018. The first day was unannounced and we told the provider we would be visiting on subsequent days.

The residential part of Henshaw's College Harrogate is registered 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 premise and the care provided, and both were looked at during this inspection. The service is arranged over three purpose built units. Each unit has smaller self-contained houses of no more than 12 bedrooms.

The service can support younger adults from the age of 16 years old who may have a sensory impairment, physical disability and or learning disabilities or autism spectrum disorder. Up to 65 young people can be supported. At the time we visited 37 young people were using the service. Some young people lived on the premises all of the time, some stayed during term time or during the college week, whilst others used the service for respite.

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 life as any citizen. The service met the principles of 'Registering the Right Support'.

A registered manager was 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.

During the inspection we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, employment of fit persons and overall governance of the service. You can see what action we told the provider to take at the end of this report.

Since the last inspection the provider had started to deliver support to young people with complex needs whereby they required nursing care. The provider had not recognised the tasks they expected staff to perform were nursing. The provider is not registered with the CQC to provide such care. This is an issue which is being dealt with outside of the inspection.

The provider used an agency care worker to perform the clinical procedures and then to carry on and competency check their own staff. No checks were performed to ensure the agency care worker had the skills and qualifications to carry out this role.

Where young people required specific interventions to support their safety or monitoring of their well-being

we found at times they had not happened or that staff did not have the correct information to follow. This placed young people at risk of harm. We made a recommendation that the provider ensure each young person has a robust care plan in relation to health.

The provider and registered manager demonstrated their lack of understanding of social care provision and the regulations associated with delivering a social care service. The governance and quality assurance systems did not ensure staff had appropriate policies to follow. Robust checks were not made to ensure safety and to check young people received a quality service.

The provider and registered manager responded positively to the feedback they received and immediately implemented an improvement plan. They focused on ensuring support was safe immediately. We feel confident they now understand the regulations and responsibilities better. They are committed to improving the service.

Appropriate safety checks of the environment and equipment had been made. Safe systems to manage medicines were found. Young people told us they enjoyed spending time in their 'Houses' and said they had been supported to personalise their own room with pictures and their own belongings. Young people were regularly asked their views about the service they received and they told us they felt confident to speak up. Young people felt safe and well cared for. The relatives agreed.

Young 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.

Each young person had their own way of communicating and staff were aware of this. Young people told us they were treated with respect and dignity. This is something we also observed. Young people enjoyed a varied range of activities based on their own preferences. Staff knew young people very well and understood how they wanted to be supported. Young people received a person-centred service.

A new approach to supporting young people who displayed behaviours that challenge the service had been implemented. This has seen a reduction in young people experiencing anxiety or distress and an increase in staff confidence and knowledge.

Young people were supported to develop their skills to be independent around every day living tasks, such as cleaning, cooking and laundry. Young people told us they appreciated this support and wanted to develop to become more independent.

Staff received appropriate support and training and had opportunity to raise concerns or ideas via regular meetings. Staff worked as a team and displayed commitment to continuously improving the service for young people.

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 not safe.

Where young people required clinical procedures, appropriate checks on staff competencies were not carried out.

Essential checks to ensure members of staff checking competencies were suitably trained and skilled had not happened.

Where young people required specific interventions to maintain or monitor their well-being they had not always happened.

Positive improvements had been made to the approach to supporting young people who displayed anxiety or distress. Staff were more confident and young people's anxiety had reduced.

Inadequate ●

Is the service effective?

The service was not consistently effective.

Links to healthcare professionals to enable young people to receive effective support were not always in place or robust. We made a recommendation that the provider ensures each young person has a robust care plan in relation to health.

Staff had received appropriate training and support. The induction of agency care workers was not recorded which may place young people at risk.

Where young people were not able to make their own decisions staff adhered to the Mental Capacity Act 2005 to make decisions in young people's best interests. Involvement of all relevant parties needed to be better documented.

Young people told us they enjoyed a varied diet and that they took part in shopping for food and food preparation, which they enjoyed.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Young people were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of young people who used the service and care and support was individualised to meet young people's needs. This enabled young people's independence to be developed and maintained.

Each young person's preferred method of communication was understood and the service ensured they received information in the right way so young people were independent and could make choices.

Is the service responsive?

Good ●

The service was responsive.

Young people who used the service and relatives were involved in decisions about their care and support needs. Care plans reflected young people's preferences.

Young people had opportunities to take part in activities of their choice inside and outside the service. Young people were supported and encouraged with their hobbies and interests.

Young people and their relatives knew how to raise concerns and felt confident to do so.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider and registered manager did not have robust knowledge around aspects of safety and social care provision.

Quality assurance and governance was not robust which meant the provider and registered manager did not know or recognise when things needed to be improved.

Young people, their relatives and members of staff felt supported and included by the registered manager and their team of managers. Feedback was used to improve the service.

Henshaws Specialist College

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 checked 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 was prompted in part by notification of an incident following which a young person using the service sustained a serious injury. The information shared with CQC about the incident indicated potential concerns about the management of risk of falls from beds. This inspection examined those risks. We inspected the service on 15, 16 March and 17, 19 April 2018. Day one was unannounced and we told the provider we would be visiting on subsequent days. The inspection team consisted of two inspectors on all days. A third inspector joined the team on day two. An expert by experience joined the team on day one. 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 we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us at least once per annually to give us some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

We spoke with 11 young people and two of their relatives. We spent time in the communal areas of each of the houses and observed how staff interacted with young people and some young people showed us their

bedrooms. We carried out a small focus group where young people shared their experience of using the service. We observed an evening activity where young people spent time together in the college.

During the visit and following the visit we spoke with the registered manager, nominated individual and college principal. A nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection we spoke with 12 members of staff including, care workers, senior care officers, positive behaviour practitioner, transitions workers, health and safety manager, deputy chief executive and the college residence manager. We spoke with one visiting professional as part of the inspection.

During the inspection we reviewed a range of records. This included 12 young people's care records, including care planning documentation and medication records. We looked at two staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We attended the service on 21 May 2018 to collect further information from the registered manager requested by us following the inspection.

Is the service safe?

Our findings

Where young people were at risk from falling from bed no appropriate assessments were carried out to understand the safest action to take and or equipment to use to minimise the risk of avoidable harm. For example, during the initial assessment to understand young people's needs the transitions team sought information about how young people were cared for at home with relatives or in other care settings such as respite services. Further assessment had been carried out by the provider. But it did not appropriately assess whether equipment used in other care settings would continue to be safe when the young person used the provider's services.

The provider did not have appropriate policies in relation to the use of bed rails. This meant the provider had not robustly assessed the risks to young people using bed rails or understood if the use of bed rails was appropriate to mitigate the risks associated with falling from bed or entrapment. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection by producing a procedure and assessment document in relation to beds rails. This was their first attempt to understand what they needed to have in place. Following the inspection they told us they had recruited a specialist therapist to support them to design safe systems of work. The registered manager told us they had applied their knowledge already gained to ensure each young person supported with bed rails was safe.

Young people had complex health needs such as diabetes, epilepsy and support with nutrition and hydration via percutaneous endoscopic gastrostomy (PEG). We saw the process to follow to intervene in an emergency, to prevent an emergency or to monitor progress were not always recorded correctly or followed. For example, one young person's care plan did not reflect the medically prescribed action to take in an emergency if the young person suffered a seizure. For another young person, we saw when their blood sugars were low that additional monitoring must be completed and actions taken to prevent ill health. On one occasion records did not reflect such actions had been taken. For young people who required PEG to support hydration and nutrition records were not kept to ensure they received the prescribed amount of nutrition and hydration.

We found no evidence young people had been harmed however members of staff had not received correct information to enable them to react in an emergency. Staff had not followed safety information or monitored health appropriately. This placed young people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider commenced a programme of training to ensure staff had the skills and knowledge to respond in an emergency.

The provider had not ensured that members of staff carrying out clinical procedures for four young people were trained and competency checked by suitably skilled healthcare professionals such as a nurse. Tasks such as support for young people to receive nutrition and hydration via PEG, intermittent catheterisation

and invasive bowel care were not recognised by the provider as clinical procedures. For such tasks to be carried out by care workers a registered nurse must train staff around the knowledge and practicalities associated with the technique. The nurse must then observe each care workers competence to carry out such tasks. The agency care worker who carried the staff competencies was not a nurse.

We found no evidence anyone had been harmed, however young people were at risk of harm because they had been supported with clinical procedures by members of staff who had not been deemed competent by a nurse. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following day two of the inspection the provider enlisted the support of nurses from the NHS or suitable organisations to carry out competency assessments of staff carrying on clinical procedures.

The provider was not registered to provide the regulated activity of nursing care. The registered manager told us they did not recognise the techniques they were delivering as clinical procedures. However, to carry on delivering a regulated activity without being registered with the CQC is an offence under Section 10 of the Health and Social Care Act 2008. This concern is being dealt with outside of the inspection process.

The provider had recruited an agency care worker to carry out clinical procedures and complete competency checks on the staff who delivered some of the clinical procedures. Appropriate checks were not carried out to ensure the agency care worker had the qualifications, skills and competence to complete this role safely. This placed young people at risk of harm. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had carried out safe recruitment checks of staff they employed. Checks included receipt of references from previous employment, recorded full work histories and police checks.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. For example checks had been carried out on the fire alarm, fire extinguishers and electricity safety. Personal emergency evacuation plans (PEEPS) were in place for each of the young people who used the service. The building was clean and free from malodour. A relative told us, "The place smells nice and my family member's bed linen is always clean."

Arrangements were in place for managing accidents and incidents. We saw documentation contained information about the event and that the registered manager alongside the health and safety manager reviewed patterns and trends each month. The accident and incident form did not contain details around who had been informed of the occurrence, or what action had been taken to prevent a reoccurrence. The nominated individual explained developments of the accident and incident system were due to be implemented.

Most of the incidents and accidents recorded related to young people feeling and anxious or distressed and exhibiting behaviours which challenged the service. The provider had employed a positive behaviour practitioner. PBS is a method of learning about a young person and why they may become anxious or distressed. Once staff understand why, they can work to remove triggers and/or support young people better to prevent anxiety. Staff had started to be trained in the new approach. The PBS manager worked with staff to analyse behaviours young people exhibited to understand why and how to approach situations differently. The PBS manager told us, "We have empowered young people to be part of their care planning and to understand risks. We have worked with an Occupational Therapist and other agencies to develop individual plans. Staff now know behaviour has a purpose and we have started to understand young people

in young personalised way. Meaningful interactions with young people have seen a reduction in the frequency and intensity of anxiety and incidences." We saw records to confirm the reduction in incidents of anxiety. The new approach had been successful and a member of staff told us, "It has empowered us to support young people better. We work to de-brief after incidents and learn about young people."

We observed there was enough staff to respond to young people in a timely way when they required support. We saw the rota records to confirm enough staff were always on shift to meet young people's needs. A relative told us, "There is definitely enough staff both night and day." One young person told us, "When staff call in sick they make sure other staff come in to help."

Arrangements for the management, storage, recording and administration of medicines were safe. Young people's care plans contained information about the help they needed with their medicines. The service had a medication policy in place, which staff understood and followed. We checked young peoples' Medication and Administration Record (MAR). We found they were fully completed, contained required entries and was signed. Staff responsible for administering medication had received medication training and their competency had been assessed. We observed staff supporting young people to take their medicines in a patient and caring way. Staff communicated in each young person's preferred way to help them make choices about their medicines. One young person told us, "Staff know what they are doing, I get my medication on time."

Young people and their relatives told us they felt the service was safe. Young people said, "I am safe" "I use a machine which saves me from getting scalded when I make a hot drink" and "I feel safe with the staff." A relative told us, "[Name of young person] is definitely safe."

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded and reported appropriately. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this. One member of staff said, "We have a safeguarding poster and policy that is in easy read so young people can understand it."

Young people were able to tell us how staff supported them to feel safe in their own 'House' and live harmoniously with other young people which prevented bullying and abuse. Young people said, "We have a meeting and we can speak up if we want about feeling bullied, hurt or abuse. I did speak up recently about how a young person had upset me and staff sorted it out with me" and "We have a code of conduct in the houses that we must respect everybody, be polite, no bullying, no swearing. Staff are always friendly and fair with us."

Is the service effective?

Our findings

With regards to healthcare support young people needed the service to support them in different ways. Some young people only required the service to manage healthcare support for a minimal amount of time. Others needed more complex arrangements so they could access local healthcare when using the service but also to have maintained links with the healthcare services where they lived permanently. Relatives also played a key role in organising and supporting young people to appointments.

It was difficult to determine for some young people how such links had been made locally. Or how members of staff could access support from where the young person lived or who had made important healthcare decisions. For example, one young person required access to specialist hospital treatment at times. Access was agreed where the young person lived but not in the area local to the service. The young person had never required such support when we inspected but should they in the future appropriate arrangements were not in place.

We made a recommendation to the provider that each young person should have a robust care plan in relation to health which outlined both types of support to enable young people to access the healthcare they needed.

Young people and their families were happy with the healthcare support, they said, "My family member has their own GP and I would go and support them if needed. In an emergency I am sure staff would take them to hospital." "My family member has never needed the doctor, I organise everything" and, "The staff give me paracetamol if I am unwell."

As outlined in the safe section of this report we found that staff did not have their competencies assessed appropriately by a trained healthcare professional. In addition, the agency care worker employed to carry out the competencies did not have a recorded induction into their role. The provider has assured us they now understand that to ensure young people are safe; all agency workers would receive an induction when they started to work in the service.

We looked at the training staff had received in other areas and we saw records to show staff received appropriate training to enable them to fulfil their role. The provider had recently started to provide new topics of training such as young person centred care and information handling. We saw members of staff new to care were supported to access the care certificate. The care certificate sets out learning outcomes, competences and standards of care that are expected. The registered manager was aware of the areas where staff required training or refresher training. Courses were booked and progress was being monitored.

The provider had a policy which outlined staff must receive at least five support sessions per year from their line manager, one of which must be an appraisal of their performance and plans for career development. Records showed members of staff had received appropriate levels of support.

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 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). 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.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for young people who lacked capacity where decisions had been made in their 'best interests'. All of the members of staff we spoke with were committed to ensuring young people had their choices and wishes respected.

Where young people did not have capacity to consent to the care provided by the service we saw relatives/representatives had signed to consent on their behalf. We discussed with the registered manager that unless legally authorised to do so or agreed as part of a 'best interest' decision relatives could not carry out this task. Where young people did not have capacity and did have representatives legally authorised to act on their behalf they had not always been involved in making decisions for the young person. The registered manager agreed to ensure both points were understood by the team and records updated as required.

Staff we spoke with had a good understanding of DoLS. We saw records to confirm that four young people were authorised to be deprived of their liberty and 23 young people had applications pending with the relevant local authority.

During the day when college was open young people accessed the canteen with all college students for lunch or ate their meal in their own 'House' whichever was their preference. When the college was closed each 'House' had their own kitchen and stocks of food. Young people were involved in picking their own menus and visiting the supermarket to buy their food. Young people told us they enjoyed taking part in the preparation of food. One young person said, "I help with cooking all the time." Each 'House' had a folder with accessible menus and recipes for young people to follow to develop their cooking skills. Where young people required their food to be prepared in specific ways due to their health needs or cultural needs this was respected.

Young people told us they enjoyed their meals. One relative said, "My family member likes the food staff give them. Staff give choices and offer healthy options and my family member has access to snacks 24/7 monitored by staff."

We observed mealtime in both the college canteen and in various 'Houses'. Staff offered choice and respected young people's wishes. One young person was offered all of their favourites for breakfast and was seen to choose one of them to eat. Another 'House' worked flexibly with mealtime so young people could access their favourite activities. Where young people required support to eat, staff did this at young people's own pace and with dignity. We saw one young person required encouragement to eat their food. Staff used humour to provide that encouragement, this generated much laughter around the table and we saw the young person did eat their meal.

Young people had been supported to make their bedroom personalised by bringing their own belongings and using symbols and pictures on the door to help everyone know it was their room. One young person was pleased to have brought their drum kit so they could practice their favourite hobby. Young people had

access to secure areas outside so they could spend time in the fresh air. One young person told us, "I like the garden when it is sunny." We saw new garden furniture had been purchased for young people to use when summer arrived.

Objects of reference such as a spoon on the kitchen door and symbols were used to help young people navigate their way around the environment. Braille was also used for young people with sight loss or impairments on doors so they knew where they were.

One of the 'Houses' had been specifically adapted so the environment did not visually over stimulate young people living with autism as this can cause anxiety. However we noted that the 'House' was also used by the college day students which increased the visual and audio stimulation for young people and therefore may cause anxiety. One young person eating breakfast had multiple interruptions and they were seen to be affected by this. We discussed this with the registered manager and college principal. On day two they had responded to ensure young people who lived in the 'House' were free from interruption by college day students.

Is the service caring?

Our findings

Young people and their relatives told us staff were kind and caring. Young people said, "Staff always have time to chat," "The staff are nice," and, "The staff are very caring." Relatives told us, "The staff have compassion and my family member loves their time at college" and, "The staff are amazing."

All of the staff we observed and spoke with knew young people very well. They knew young people's likes, dislikes and preferences. This meant staff had built good relationships with young people and also that young people received care and support in the way they chose. One relative said, "Staff know my family member very well." We saw friendly banter, laughter and a homely approach to supporting young people. Young people were relaxed and responded with plenty of smiles, laughter and reciprocal humour. One young person told us; "I have one favourite member of staff." They smiled and indicated the staff member in the room supporting them. Young people were at ease in the environment and keen to show us their own home which demonstrated they felt empowered in the environment. One young person told us their relatives sometimes visited them which they enjoyed.

Young people were supported at their own pace and staff interacted in a gentle way to offer encouragement. Each young person had their own routine which was respected. Staff were able to communicate with young people in their own preferred method. We saw pictures and symbols were used to make information accessible, for example, the safeguarding policy. Also braille and sign language such as Makaton. Makaton is a form of sign language young people with a learning disability are able to use and personalise to make signs they understand. One young person told us, "The staff help me a lot, they have a lot of things in Braille for me to read."

Staff showed they were concerned about young people's wellbeing. This was evident in discussions we held about ensuring the right training was accessed to keep young people safe. We saw one young person was suffering from a painful neck and staff responded in a kind and compassionate way, they offered pain relief. The young person's anxiety reduced and they were seen to smile when staff supported them. Another young person described how staff had supported them when they first came to live at the service. They said, "I felt really homesick to start with but I really settled in, staff showed me around and introduced me to young people."

Staff told us how they worked in a way which protected young people's privacy and dignity. For example, they told us about the importance of knocking on young people's doors and asking permission to come in before opening the door. Staff also demonstrated respect in the way they communicated with young people. One young person told us, "The staff are very respectful towards me of course they are, as I am towards them." A relative said, "They (staff) treat my family member with dignity, they give them their own space and knock on their door, staff treat them with empathy and compassion." Where young people had preferences around same sex support with personal care this was respected. One young person said, "I have support to wash my hair, I prefer female support." Another young person explained they enjoyed a bath with bubbles each week and staff made sure they were not disturbed.

One of the aims of the service was to support young people to develop life skills such as cooking, cleaning, laundry and financial skills to enable them to move on, if possible to independent living when they leave education. One young person was being supported to learn money skills and we saw them auditing their weekly monies with staff and learning how to budget. Another young person told us how they had developed laundry skills by using an accessible instruction sheet and the machine having raised buttons on which they knew to press. One young person said, "I am learning to make a hot drink by myself. I can do it with help at the moment but I want to be able to do it myself." One young person told us, "I like being independent and learning how to do new things. I am really really happy with my goals. The magic word is independence."

Staff were aware of how important it was for young people to develop life skills and be independent. They told us about events due to take place where outside agencies were visiting to provide information to young people on safety. They included the police talking about staying safe, the fire brigade discussing evacuation, a football club to discuss safety in crowded places and a medical alert dog demonstrating their skills.

An advocate is a young person who works with young people or a group of young people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Young people told us they enjoyed a wide range of activities which were based on their hobbies, interests and preferences. One young person was supported to access drumming lessons each week. A group of young people were observed preparing for their weekly football session at a local club. One young person said as they showed us a photograph, "This is a picture of me winning the local school disabilities football tournament." Another young person told us they enjoyed clubbing at a local night club. One young person said, "I go to church each Sunday with a lady (staff member) who volunteers."

Everyone had a weekly plan of what they wanted to do, but also had the option of relaxing in their 'House' if they chose to. One young person told us, "I get to do more things at the weekend, walks to the park, theme parks. I have weekly activity times for the choir, disco and I can also stay at home if I want a quiet night." A relative said, "My family member goes swimming, the gym, dancing. They have a social life that they never had before they went to Henshaws." Staff told us, "We go to the National Trust as young people have cards and we have lots of countryside around here."

Everyone was active and included in the local community based on their own choice and preferences. Using the service afforded young people opportunities to make friends and spend time with their friends; this reduced the likelihood of social isolation for young people. Young people told us they visited friends in other 'Houses' to play computer games and spend time together. One young person told us, "I like coming to college I have friends here." We saw young people also kept in touch with friends and family at home. One young person was seen using their computer to catch up on the emails they had received from friends and relatives.

Young people told us they enjoyed an annual talent contest where young people from across all the provider's services joined in. There was a strong sense of competition when we visited as young people wanted to win. One young person was practicing their joke to tell the audience and others were practicing their favourite song. We met the winner, who was very proud of their achievement. One young person who enjoyed singing had spent some time at a local care home for older young people and sang their favourite songs to entertain them. A compliment had been received from the care home, it said, 'I just want to say thank you to [Name of young person] for their wonderful performance. They played beautifully and many of our residents and guests commented on this'.

Young people and their relatives were involved in the initial assessment to decide if the service was the right place for them. Each year young people and their relatives were involved in an annual review of their progress. We saw care plans contained person centred details about what goals, dreams and aspirations a young person had, what made a good day for them and what a bad day would look like. Young people had been supported to use symbols and pictures they wanted to make their care plan accessible to them. We saw for one young person a good day was when all of their technology worked and their dream was to become a film maker. Another young person's care plan had a very person centred routine which described how they preferred their personal care to be supported. We saw specific details in another young person's care plan around how to guide them through the environment based on what staff knew worked for them.

All of these examples ensured young people received person centred care in a way they chose and preferred.

The provider had a complaints process which was accessible for relatives and young people to use if they chose to. Young people and their relatives said they knew how to complain if they needed to. One young person said, "I know who to speak to if I wanted to complain." A relative said, "I have never needed to complain."

We looked at the records held by the provider about the complaints received since August 2017. We were able to determine the provider took concerns raised seriously however small and kept records on what action they had taken.

We also saw the provider kept a record of compliments received about the service. One such compliment said '[Name of young person] has shown more independence over the holidays and quite rightly they are pleased with themselves. I am one very proud Ma! This is lovely to see and we would like to encourage them in every way we can'.

Is the service well-led?

Our findings

The provider did not have effective systems and arrangements in place to ensure young people received a safe and quality service. For example, policies and procedures were not in place for some areas of safety such as assessment of bed rails. The provider had not recognised they were delivering nursing care which demonstrated a lack of understanding of social care provision. Therefore they had not reacted to ensure they were appropriately registered with the CQC or that appropriate systems were in place to protect young people from avoidable harm. For example; staff had not been appropriately trained to carry out clinical procedures.

There was not a robust range of quality assurance audits carried out to check safety and quality. The governance activities and quality checks that had happened had not highlighted the concerns we have identified in this report. For example, where staff had not followed safety advice, or where safety advice in care plans was incorrect. This meant the system was not effective. Senior representatives from the provider had not checked the quality and safety of the service. This meant the provider did not know the standards of care being delivered. For example, the lack of checks made when an agency care worker was recruited to deliver clinical procedures.

The lack of effective governance and quality assurance systems placed young people at risk of harm. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During and following the inspection the provider listened to our feedback and they responded by producing a structured improvement action plan. We have received regular progress updates. They have focused on improving the safety aspects of our findings and we are satisfied they understand what is required moving forwards. In addition the provider told us a new governance system had been put in place. Which included better oversight from senior managers, a process to review and update policies, more focussed staff training and a robust audit process.

We have observed a team approach to this work and a real demonstration of a positive culture which is committed to continuous improvement. All levels of the management team have listened and responded positively. This demonstrated their ability to learn and develop with appropriate leadership.

Young people and their relatives were involved in the service and have positive relationships with the management team. One relative told us, "My family member is happy and content, the staff are amazing, and the ethos is amazing. I don't want them to leave, they are outstanding. I am completely happy they are in a safe environment." A young person said, "The managers are good, they do a good job and they do their job properly."

A member of staff told us, "I have worked here 12 years. I stay because I want to make a difference." We saw the impact of this culture in the positive comments young people and their relatives made about their experience of using the service. Surveys had been completed to seek young people's views. We saw 84.4% of

young people said they were learning things after the college day and young people said they were learning to be independent. Young people were very positive about the opportunity to take part in weekly 'House' meetings where they can speak up about things that were working or not working where they lived. One young person told us, "We talk about everything that is going on and when the minutes are printed they are done in Easy Read so everyone can understand them."

The service was part of a national network for specialist college provision. The registered manager was using this network to support them to make improvements to the safety aspects of the service. Local links to the community learning disability team had also been fostered so future advice and support could be accessed. This demonstrated a keen motivation to make the changes needed to improve.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks associated with caring for people were assessed and monitored. The provider failed to ensure staff providing care and treatment had the correct skills, qualifications and competence to do so. The provider failed to assess that equipment used was safe for people.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (e).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager did not have established safe systems and arrangements to ensure the service was safe and that they had done all that was reasonably practicable to reduce the risk of avoidable harm.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to carry out checks on an agency care worker to ensure they had the skills, competence and qualifications to carry out the role they expected them to perform.</p> <p>Regulation 19 (1) (b) (2) (a) (3) (a).</p>

