Helene Care Limited

Telegraph Road

Inspection report

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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

The service provides care and support for up to four people who may have a learning disability, a mental health condition or physical disabilities.

There was not a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However the provider had taken reasonable steps to ensure the service was well led during the absence of the registered manager and had recruited a new manager who was due to commence work on the 8 February 2016. The provider told us the new manager would be applying to become the registered manager.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were appropriately documented.

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff interacted with people and showed respect when they delivered care. Healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and 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?

Good

The service was safe. People were cared for by staff who knew how to keep them safe by reporting any concerns. Potential risks to people's health were assessed and care plans put in place to manage any identified risks.

There were arrangements to manage the risks associated with the management and administration of medicines.

The service had sufficient numbers of qualified and experienced staff to met people's needs.

Is the service effective?

Good

The service was effective. People's needs were consistently met by staff who had received a thorough, effective induction and on-going learning and development.

Staff were frequently monitored and observed to ensure the care and support they delivered was accurate and effective.

People's health and care needs were kept under review with regular communication with external healthcare professionals.

Is the service caring?

Good

The service was caring. People described the care they received as good and told us their needs were met. Staff were knowledgeable about people's interests and care was delivered the way people needed it.

Staff respected people, displayed kindness and compassion, and people were empowered to participate in activities and maintain their independence.

Is the service responsive?

Good

The service was responsive. People's support plans were accurate, regularly reviewed and updated when required.

People were encouraged to take part in a range of activities and frequently accessed the community.

People knew how to complain and told us who they would contact if they were unhappy. The provider responded appropriately to any concerns raised.

Is the service well-led?

Good

The service was well-led. The service had an open culture where people were encouraged to express their views. We observed staff interacting with people positively and encouraging independence.

The provider regularly assessed and monitored the quality of the service to ensure care was to a good standard. People, relatives and healthcare professionals had frequent opportunity to give their views on the service and any comments were acted upon.

All levels of staff had clear lines of accountability for their roles and responsibilities.

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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 inspection took place on 3 February 2016 and was unannounced.

We reviewed the information we held about the service. We looked at previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law

The inspection was conducted by one inspector. This was because this is a small service with people who had complex needs.

We looked at the care records for three people, reviewed the homes quality assurance audits and documentation. We looked at the policies and general information available for people such as safeguarding incidents and feedback questionnaires completed by relatives and professionals. We looked at two staff personnel records including their recruitment and training details. We looked at staff schedules, safeguarding procedures and observed interactions between staff and people.

We spoke with the provider, the operations manager, the deputy manager, two support workers, three healthcare professionals and two people who use the service

At the last inspection on 8 July 2014 we had not identified any concerns with the service.

Good

Is the service safe?

Our findings

People and healthcare professionals told us staff provided safe care. One person said: "Yes I am safe here, always". A healthcare professional said: "Anytime I have visited there have always been enough staff".

The provider had good arrangements in place to mitigate any risks associated with people's care. Safeguards were in place around people's finances and regular checks were made by management to ensure where staff were helping people with their money, the correct procedures had been followed. Handover meetings took place on a daily basis which provided staff with the opportunity to share information, discuss any safety issues and ensure people were being supported with consistency. A member of staff said: "We talk about any incidents and tell the staff coming on shift what people are doing during the day". Another member of staff said: "We speak about everyone and we make sure the staff know about any appointments".

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff told us they would not hesitate to contact CQC or the local authority if they felt abuse had taken place. They had received training in safeguarding people from abuse.

Arrangements were in place for the safe storage and management of medicines. People told us they were satisfied with the support they received with their medicines and said frequent reviews took place. People received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. Staff were able to describe the provider's medicines policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

There were sufficient staff with the right competencies, knowledge and skill mix to meet people's needs. For example, staff employed had previous experience in supporting people with a learning disability and had received training in supporting people with complex behaviours. Staffing levels had been assessed in accordance with people's care needs and the deputy manager told us they regularly reviewed staffing levels and when required, additional support workers were employed to ensure people were supported effectively. For example, one support worker told us they allocated an additional staff member to observe one person

after having a fall.

Good

Is the service effective?

Our findings

Healthcare professionals and our observations demonstrated the staff provided effective care and support. One healthcare professional said: "Authorisations are in place for each person in the home and staff know how to use the Mental Capacity Act".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 the MCA and were knowledgeable about the how to gain consent from people before they provided personal care. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out and staff had liaised with people's relatives and health and social care professionals to reach a best interests decision about how aspects of their care and support should be provided. Staff were knowledgeable about DoLS and knew their responsibilities in relation to using least restrictive practices to keep people safe. Staff understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. At the time of our inspection two people were subject to DoLS. Staff were knowledgeable about their restrictions and knew when each person's authorisations expired.

Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Records showed an induction programme for new staff which included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene was discussed during supervision meetings to check the member of staff was competent to deliver effective care and support. A member of staff told us the supervision and support they received had improved in recent months. They said: "It has got a lot better now and we have a new manager starting soon".

People who were at risk of dehydration, malnutrition or choking had been appropriately assessed. Care plans included assessments from the Speech and Language Therapist (SALT) and gave clear instructions on how to assist people with eating. Records showed people's food preferences were available and we observed staff providing people with different meal options during lunch.

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the district nurse and a community psychiatric nurse. Records showed people had their flu jab and some people

had been checked to determine if they had any pollen allergies.

Each person had a detailed passport booklet which contained useful information about their communication methods, triggers to possible behaviours that may challenge others. They also included personal information and guidance for staff to follow when supporting people with their care. This ensured continuity of care and reduced people's anxiety. A member of staff said: "These are really good books because they have everything that is needed in them so healthcare professionals know what to do when certain behaviours happen". People were supported to access healthcare appointments when needed. For example, one person was assisted by a member of staff to visit the GP on 7 December 2015 where they received a flu injection. Another person was supported to attend a dentist appointment on the 2 and 18 of May 2015. Another person was supported to visit a chiropodist appointment on three occasions from 6 November 2015 to 29 January 2016.

Good

Is the service caring?

Our findings

Healthcare professionals and our observations confirmed staff were caring. One healthcare professional said: "The staff are a lovely bunch and they are doing a good job". During our visit we observed warm interactions between staff and people and the atmosphere within the home was calm and pleasant. Staff spoke gently with people, smiled, encouraged and provided reassurance when helping to deliver care. We observed staff consistently supporting people in a calm and friendly manner during personal care and support with laundry.

Staff knew people well, and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. Staff exchanged banter with people and talked about things they were interested in. For example, bowling, musical interests and food preferences. Staff took time to talk with people and ensured they were included in what was going on. We saw people being reassured by staff if they became anxious or upset. It was evident that they knew people well and had built up a caring relationship with them. Staff ensured people were aware of what was happening when they were being supported to eat or their personal care needs were being attended to. Throughout our inspection we noted staff would stop and chat to people as they walked by.

Staff treated people with dignity and respect. During our visit we observed staff calling people by their preferred names and talking discreetly with people when checking whether they needed any support with personal care such as using the bathroom. Staff told us how they would support someone's privacy and dignity by knocking on people's doors before entering and ensured bedroom and bathroom doors were closed when delivering personal care. Staff took time to support people with their personal care and ensured they were dressed in their preferred attire and looked good, which promoted their dignity.

Independence of people was promoted by staff. We saw one person being supported and encouraged by staff when they mobilised. A member of staff told said: "We help people to remain independent and follow their care plans. We don't take away their independence and do it for them otherwise they would lose that skill." A healthcare professional said: "The staff seem to know people pretty well and they do get them (people) out and about often".

Staff completed an induction programme which included learning about dignity and respect in a care home, person centred support and promoting independence. One care worker said: "We learned about respect and dignity in our training". Training records confirmed staff had undertaken this training and observations showed staff applying their learning in practice. The atmosphere was lively, there were many occasions during the day where staff and people engaged in conversation and laughed. We observed staff speaking with people in a friendly and courteous manner, this included communicating by signing and using hand gestures. Staff always got down to the person's level to ensure eye contact was made.

Good

Is the service responsive?

Our findings

Healthcare professionals told us the service responded to people's needs appropriately. One healthcare professional said: "Staff have great communication with people there and they make sure people see the GP when needed".

People's needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear directions of all aspects of a person's health, preferred activities, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. Staff encouraged people to access the community and take part in social events.

Care plans were in place for maintaining a safe environment, communication, nutrition, personal care, mobilising, sleeping, spiritual needs, psychological/emotional wellbeing and activities. They were person-centred to the individual and were written in collaboration with people who used the service, their representative and healthcare professionals. Staff told us the documentation was useful in helping them to meet people's needs. For example, one person had been identified as at risk of falls. Their care plan provided helpful instructions for staff to follow when the person accessed the swimming baths. Actions included ensuring two support staff were available to support the person in the pool and to encouragement them to use flotation aids and ladders when entering and departing from the pool. Another care plan had noted one person exhibited particular behaviours when using the toilet which may result in the spread of infection. The care plan prompted staff to monitor the person regularly when they used the toilet and to support them with personal care using personal protective equipment.

People who were not able to express their views effectively were supported by a family member to speak on their behalf. Care review records showed relatives and advocates had been involved in in reviewing people's needs and were encouraged to make suggestions about how to improve people's experiences. A relative told us they had good opportunities to raise concerns and talk about their family members care during reviews with staff or by speaking with them during visits. Care plans contained life histories, personal preferences and focussed on individual needs. For example, we looked at a care plan for a person who was supported by psychologists. Records identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. They were confident they could support this person by observing them closely until their anxieties reduced.

Records showed the provider had not received any formal complaints in the last 12 months. Relatives and staff told us the managers were approachable and if they had any concerns, they would speak with the managers or their key worker. The complaints procedure contained information for staff, relatives and healthcare professionals to follow should they need to raise any concerns. Feedback from people, relatives

and healthcare professionals confirmed they did not have any complaints about the home.

Good

Is the service well-led?

Our findings

The management team in place to cover the absence of the registered manager were respected and provided good leadership. Staff and healthcare professionals told us the service was well-led. They consistently told us the leadership and senior staff were passionate and caring towards people. One healthcare professional said: "The staff are good at working with us and they ask for help when needed". Another healthcare professional said: "They have a good team there and the managers have worked hard".

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary. One member of staff said: "If the manager didn't do anything about something serious then I would come to CQC or I would go to the Police". Another member of staff said: "I trust the management would take any concerns seriously".

As part of the leaderships drive to continuously improve standards they regular conducted audits of medicines management, care records and health and safety. A local pharmacist conducted a medicines audit on the 2 September 2015 and found the service was supporting people with their medicines safely. Other audits were conducted and action plans created to support improvement, Foe example, an audit on 3 September 2016 had identified particular areas the leaderhip wanted to develop. This included conducting more robust care reviews, increasing the distribution of feedback questionnaires and creating more opportunities for staff to meet with their manager. The provider said: "We are aware we need to go through the documentation and remove some information. We have already started doing it but have some way to go". And "We know we are not perfect but we have already identified what we need to improve and we have started it". A member of staff told us the service started moving in the right direction when the new management team came in to cover after the previous registered manager had left.

The provider actively encouraged feedback and discussions with people, relatives and healthcare professionals. Meetings were held with people on a regular basis and minutes showed topics discussed included staffing, menus and activities. Team meetings took place regularly giving staff the opportunity to talk about any issues they had. Recent meetings included discussions about risk assessments, activities, relationships and people's preferred communication methods such as Makaton. Questionnaires confirmed healthcare professionals and relatives were happy with the service provided.