

# Helene Care Limited

# Helene Lodge

## Inspection report

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Date of inspection visit: 8 July 2015  
Date of publication: 01/09/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 and 30 January 2015. Breaches of legal requirements were found and we issued warning notices for repeated breaches in staffing and in good governance (assessing and monitoring the quality of service provision). The provider was required to meet the regulations relating to staffing and to good governance by 29 May 2015. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the other breaches in the regulations. These breaches related to: person-centred care, safeguarding people from abuse

and improper treatment, safe care and treatment including infection control and the management of medicines, premises and equipment, records and supporting staff.

We undertook an unannounced focused inspection on 8 July 2015 to check they had taken action to meet the regulations relating to staffing and in good governance and to confirm that they now met legal requirements. We also checked that they had followed their action plan in relation to premises and equipment. This report only

# Summary of findings

covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Helene Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

You can read a summary of our findings from both inspections below.

Helene Lodge is a care home without nursing for up to six adults with learning disabilities. There were five people living there when we inspected, on both occasions. It is a detached house in a residential area, with a paved garden at the back and a gravelled parking area in front. The building is not wheelchair-accessible, although people living there are able to walk around independently. Accommodation is located on the ground and first floor, which is accessed by stairs. Each person has their own bedroom and some bedrooms have ensuite facilities. Shared facilities include two lounges, a conservatory, a kitchen/dining room and a toilet and bathroom on the first floor.

## **Comprehensive inspection on 26 and 30 January 2015**

At our previous inspection in April 2014, we asked the provider to take action to make improvements to staffing and to their assessment and monitoring of the quality of the service. They sent us an action plan that stated they would meet the relevant legal requirements for staffing by 29 July 2014 and for assessing and monitoring the quality of the service by November 2014, after the new fire alarm system had been installed.

At the inspection in January 2015, people told us they liked Helene Lodge and its staff, whilst relatives expressed mixed views. Staff treated people in a caring manner, respecting their privacy and dignity, but our findings did not all match the positive views we heard. There were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

People's assessed needs were not fully met because there were not enough staff on duty. There was no system to adapt staffing levels to people's changing needs. Because of this, people had limited social opportunities outside of

day centres, in the evenings and at weekends. Staff were not always able to fulfil all the duties expected of them as well as meeting people's support needs. This was a repeated breach of the Regulations.

Additionally, there were continuing shortfalls in the provider's quality assurance and risk management systems. Action had not been taken to address risks to people's health, safety and welfare. Repairs remained outstanding and water from some taps was dangerously hot despite having been reported by staff. There was no system for people, relatives and staff to give their views about the service and have these addressed. Information from quality assurance surveys, incidents, comments and complaints was not used to improve service quality. Audits of the service were not robust and actions arising were not followed up. This was a repeated breach of the Regulations.

Whilst there were minor scuffs to paintwork on walls and doors, and worn settee covers in one of the lounges, the décor was reasonably intact. However, some aspects of the premises required attention, including broken electrical fittings and the heating in one person's room.

Staff received basic training, but did not have regular, documented supportive meetings to discuss their work with a manager.

Care plans were not kept under review and were not all sufficiently detailed for staff to be sure about the support people needed. They did not fully reflect advice or instructions from health and social care professionals about how to support people safely. People's risk assessments had not been reviewed and updated regularly or in response to accidents or incidents. This meant staff might not have been aware of particular threats to the person's safety and wellbeing and how best to manage these.

Staff were aware of how to report concerns that someone could be experiencing abuse. However, reasonable steps had not been taken to identify or prevent the possibility of financial abuse.

Medicines were not stored securely, and handwritten medicines administration records (MAR) were not checked to ensure they contained the correct instructions.

## **Focused inspection on 8 July 2015**

# Summary of findings

After our inspection of 26 and 30 January 2015 we served warning notices on the provider in relation to staffing and to good governance (assessing and monitoring the quality of service provision). These required the service to meet these regulations by 29 May 2015. We undertook this unannounced focused inspection to check that these breaches of the regulations had been addressed. We also checked whether the provider had followed their action plan in relation to the breaches in relation to the premises and equipment.

There were five people living at the home at the time of our inspection. The home had a registered manager. 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.

The provider had made improvements to meet the regulations relating to staffing and to good governance (assessing and monitoring the quality of service provision).

There had been improvements to staffing levels, which were sufficient to keep people safe and meet their support needs. Additional staff were on duty at busy times when people were at home: first thing in the morning, late afternoons and early evenings and at weekends. This allowed people to go out more than they had done when we last inspected. However, shift patterns and the use of agency staff meant that it was sometimes difficult to support people to attend evening social activities. The registered manager told us they would review shift patterns when more permanent staff were in post.

There were improved systems for assessing and monitoring the quality of the service. A quality and

improvement manager had been recruited to oversee and address the quality of all three of the provider's homes. The provider had taken action in response to issues raised in our last inspection report. There was a programme of quality audits and health and safety checks. Feedback from people and relatives was used to develop the service. Results from a recent quality assurance survey of relatives and staff had been used to develop and improve the service.

Maintenance and furnishing issues highlighted in our last report had been addressed. Substantial steps had been taken to address shortfalls in the maintenance and cleanliness of the premises and furniture. The premises looked clean, the back garden had been cleared and broken and unsafe items, such as bathroom lights, had been replaced. A maintenance person visited regularly and repairs were attended to promptly rather than being left for months.

One person's radiator had not been working at the last inspection. The necessary central heating repairs had not yet been undertaken, as this would have entailed re-laying pipework. The registered manager said there were plans to replace the heating in that person's room with an independent radiator. We will check this at our next inspection.

Hot water taps had regulators fitted so that hot water came out at a safe temperature. Staff checked hot water temperatures daily. These were mostly within safe limits and on those occasions the limits were exceeded, tap regulators had been adjusted to bring the temperature down.

The ripped flooring in the shared bathroom had not yet been replaced. The management team advised there were plans to refurbish this room as a priority above other rooms, at which point the flooring would be replaced. We will review this at our next inspection.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

#### Comprehensive inspection on 26 and 30 January 2015

People were not always kept safe.

There were not always enough staff on duty to meet people's needs.

Reasonable steps had not been taken to identify or prevent the possibility of financial abuse. People told us they felt safe and staff were aware of what action to take if they were concerned that anyone was experiencing abuse.

Repairs needed to keep the premises safe and comfortable had not all been identified or undertaken.

Medicines were not stored securely and appropriate standards of cleanliness and hygiene were not maintained in all areas.

#### Focused inspection on 8 July 2015

Action had been taken to keep people safe.

Staffing levels had been improved so that people's needs could be met. People had opportunities for one-to-one staff time to support them to do things away from the house.

The premises were kept safe and clean. Outstanding repairs had either been undertaken or there were plans to address them.

Requires improvement



### Is the service effective?

(Text unchanged from comprehensive inspection)

Requires improvement



### Is the service caring?

(Text unchanged from comprehensive inspection)

Good



### Is the service responsive?

(Text unchanged from comprehensive inspection)

Requires improvement



### Is the service well-led?

#### Comprehensive inspection on 26 and 30 January 2015

The service was not well led.

Risks to people's health safety and welfare were not all identified or acted upon. There had been delays in attending to hazards and breakages identified in maintenance checks. Hot water at some taps was dangerously hot. Quality assurance systems had not detected the shortfalls found at this inspection.

Requires improvement



# Summary of findings

There was no system to improve the quality of the service and manage risks through regular feedback from people, relatives and staff. Adverse findings from a quality assurance survey in 2014 had not been acted on.

Records were not all complete, available or stored securely.

## **Focused inspection on 8 July 2015**

Improvements had been made to the leadership of the service.

There was a system in place to identify risks to people's health, safety and welfare were. Action was taken to address risks.

There was a system in place to obtain regular feedback from people, relatives and staff, and to learn from accidents, incidents and complaints. This was used to improve the quality of service.

# Helene Lodge

## Detailed findings

### Background to this inspection

This inspection report includes the findings of two inspections of Helene Lodge. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The first was a comprehensive inspection of all aspects of the service and took place on 26 and 30 January 2015. This inspection identified breaches of the regulations.

The second was undertaken on 8 July 2015 and focused on following up on action taken in relation to the breaches of two of the legal requirements we found on 26 and 30 January 2015.

You can find full information about our findings in the detailed key question sections of this report.

#### **Comprehensive inspection on 26 and 30 January 2015**

This inspection took place on 26 and 30 January 2015 and the first day was unannounced. It was carried out by two inspectors on the first day, with the lead inspector returning on the second day. We returned on 6 February 2015 to give feedback.

Before our inspection we reviewed the information we held about the service, including notifications of incidents the provider had sent us since our previous inspection in April 2014. We also spoke with the local authority social services contract monitoring team. We did not request a Provider

Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we met and spoke with all but one of the people who lived at Helene Lodge. We also spoke with three relatives, the home manager and another member of staff, the nominated individual and the provider's managing director. We observed staff supporting people in communal areas. Following the inspection we received feedback from five health and social care teams and other agencies involved with people's care and support.

We looked at three people's care records and all five people's medicines administration records. We also looked at records that related to how the service was managed, including three staff files, staff rotas for the week of the inspection and the previous two weeks, and the provider's quality assurance records.

Following the inspection, the nominated individual sent us copies of policies and their staff training summary, as we had requested.

#### **Focused inspection on 8 July 2015**

This inspection took place on 8 July 2015 and was unannounced. It was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service, including notifications of incidents the provider had sent us since our previous inspection in January 2015. We also spoke with the local authority social services contract monitoring team. We did not request a Provider Information Return (PIR).

During the inspection we met four people who lived in the home, apart from a person who was in hospital, and spoke with two people about their care. We also spoke with two

## Detailed findings

support workers, the registered manager and the provider's quality and improvement manager, who was not based at Helene Lodge but came to meet us during the inspection. We looked around the premises and reviewed records. These included records relating to: the current staff rota, the folder containing activities records, four people's support plans for activities, one person's risk assessment and support plan relating to cleaning their room, the

communication book, maintenance records, complaints, accidents and incidents, quality assurance surveys for 2015, house meeting minutes for June 2015, daily and weekly checklists and other audits, the handover file and the staff communication book.

Following the inspection, we spoke with a relative and received feedback by email from another relative.

# Is the service safe?

## Our findings

### Comprehensive inspection on 26 and 30 January 2015

People told us they felt safe at Helene Lodge.

At our previous inspection in April 2014 we found there were not enough qualified, skilled and experienced staff to meet people's needs. Sufficient steps had not been taken to ensure that people on duty were suitably skilled in order to safeguard people's health, safety and welfare.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating they would ensure there were sufficient qualified, skilled and experienced staff by 29 July 2014.

At the inspection in January 2015 we again identified concerns relating to the availability of skilled and experienced staff to meet people's needs.

People's assessed needs were not fully met because there were not enough staff on duty. There was no system operating to adapt staffing levels according to people's changing needs. Although people went to day centres and had occasional trips out with staff, regular social activities such as clubs and evening events rarely happened. One person told us they liked to go to a club but "can't go out when they're short of staff." They hoped more staff would come in at the weekends "so we can go out a bit more." Their care plan stated they went to the club every other weekend and enjoyed discos with people from other care homes. Their care records contained no evidence of this having happened in January 2015. A member of staff told us the person used to go out on a Saturday evening but they were not sure when or why this had stopped. Another person's deprivation of liberty was authorised on condition they had 'more 1:1 time to encourage participation in activities'. However, no one-to-one time was accounted for in the duty rota, which listed only one member of staff on duty at a time for all the people living at Helene Lodge, including cooking and cleaning. Staff told us people did not have many social opportunities at the weekends and during the evenings. They confirmed there was usually only one staff member at a time on duty, although a manager sometimes came in and took people out on an ad hoc basis or for occasional prearranged trips. Only one of the people living at Helene Lodge was able to go out alone safely; the others needed staff to go with them.

There were not always enough staff on duty to follow the provider's policies. For example, if a manager was not on duty it was not possible to obtain a second staff signature for people's cash transactions in line with the service user finance policy. Had anyone required medicines that were controlled drugs, staff would have been unable to follow the provider's medication policy, which required two staff to sign for controlled drugs.

Staff were expected to prepare meals and clean in addition to providing care and support. On occasions this meant staff were not able to meet people's needs. Staff reported they were very busy on their shifts, particularly in the mornings and evenings when the four people who went to day centres returned home, as well as at weekends. A record in the handover file following the first day of the inspection stated a person who did not go to daycentres missed their daily activities 'as the new cleaning rota took up all my time and I still did not manage to get all of it done.' Milk ran out during the inspection, and the communication book contained entries about low stocks of household goods such as toilet roll. Urgent shopping would be difficult for a lone member of staff to manage if everyone was at home. A recent incident form recorded that two people became distressed after an incident and one later had a seizure. At the time the staff member had been cooking the evening meal and another person was asking for assistance with the Wii games machine. It would have been extremely challenging for a lone worker to meet everyone's needs and manage the situation safely, although on this occasion a new member of staff was present working a shadow shift.

Staff sometimes worked long stretches on duty without a break, because they were working alone without a colleague to take their place. This meant there was a risk that staff might not get adequate rest to help them work safely and effectively. Additionally, whilst staff could telephone a manager for support, immediate practical assistance to manage incidents and emergencies was not always available. Rotas were organised in four shifts: 7am to 10am, 10am to 3pm, 3pm to 9pm and an overnight 'on call' shift where staff slept on the premises. Staff rotas for the week of the inspection and the previous week showed a new support worker, who had just completed their induction, rostered continuously from 3pm Friday 23 to 3pm Tuesday 27 January 2015, including 'on call' shifts. When we arrived on Monday 26 January 2015 this staff



## Is the service safe?

member told us that someone else should have been on duty instead of them but had needed to swap their shift. The staff member had a break that afternoon as their colleague had arrived.

There were three regular staff employed: the manager and two support workers. Absences were covered by staff from the provider's other services or occasionally by agency staff. At the end of 2014 one member of staff had requested payment for leave they had been unable to take, which indicated there were not sufficient staff to run the service safely whilst allowing for holiday breaks. Temporary staff, who would not be familiar with people's current support needs, did not have access to accurate and up-to-date risk assessments and care plans.

These shortfalls in staffing were a repeated breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as there were often too few staff available to support people in the way they needed.

Following the inspection, the provider informed us they were increasing staffing, with an additional member of staff on duty mornings and evenings and at weekends.

Staff files contained the required information, including details of Disclosure and Barring Service (DBS) criminal records checks, employment histories and references. Initially there was insufficient information about the level of DBS check for one staff member but this was later provided; the check had not identified any concerns.

Staff were aware of how to report concerns that someone could be experiencing abuse, and the contact details for local statutory agencies concerned with safeguarding adults were displayed prominently in the office.

However, reasonable steps had not been taken to identify or prevent the possibility of financial abuse. We found receipts for people's expenditure in the filing cabinet going back to April and May 2014. Whilst receipts were sorted for each person by month, they were not stapled to people's completed cash records in accordance with the provider's service user finance policy and procedures. People's cash records had not all been audited in order to identify and account for discrepancies. When we returned to give feedback, cash records had been audited and receipts attached.

Cash records for each person were maintained and signed by staff, who said they checked the cash balance was correct whenever they took out or replaced a person's cash. However, forms were often signed only by one staff member, even for people who lacked the capacity to sign the form themselves. This contravened the provider's service user finance policy and procedures, which stated that a second member of staff must sign the cash record in such circumstances, in order to verify the transaction.

These shortfalls in cash recording were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as they made people more vulnerable to financial abuse.

Whilst there were minor scuffs to paintwork on walls and doors, and worn settee covers in one of the lounges, the décor was reasonably intact. However, some aspects of the premises required attention. Moss had grown on the paved back garden and fallen leaves had accumulated, presenting a trip hazard. Hot water temperatures from some taps used by people living in the house had exceeded 60°C since November 2014, according to temperature logs maintained by staff. This was above the safe range to avoid scalds, which the log identified as 43°C plus or minus 2°C. We raised this with the nominated individual during the inspection; following the inspection the provider informed us they had arranged for the installation of temperature regulators to ensure that hot water was at a safe temperature.

The radiator in one person's room was not working. Staff had recorded this as an urgent matter a month before, when the weather was very cold; an oil-filled electric radiator had been provided as a temporary measure. A heating engineer visited on the second day of our inspection for the annual boiler service and said that repairs would be needed to the pipework. Following the inspection the provider informed us they would get quotes to repair or replace the heating system.

On the first day of the inspection, we saw a handwritten notice stuck over the light switch for the downstairs toilet instructing staff not to use it. The light fitting was broken. This had been listed in the maintenance folder on 19 November 2014 but had not been actioned. A maintenance person had already been scheduled to visit that week, but

## Is the service safe?

when we returned for the second day, following the maintenance visit, this had not been repaired. After the inspection, the nominated individual told us they had locked the door pending a repair.

These shortfalls were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as inadequate maintenance of the premises and surrounding grounds did not protect people against the risks associated with unsafe premises.

Medicines were not stored securely. There was a locked cabinet used solely for storing medicines but this was made of wood and there was play in the hinges of one of the doors when it was locked, hence the cupboard was not secure. It was situated in direct sunlight, which presented a risk that medicines would be overheated and lose their efficacy. On the first day of our inspection there was a medicine that needed cold storage loose in the kitchen fridge. On the second day this was stored in a locked container. There were no suitable storage facilities for controlled drugs, should these ever be required. These medicines storage facilities did not meet the requirements set out in the provider's medication policy. The home manager had identified through a recent medicines audit that medicines storage was not adequate. When we returned to give feedback, the management team informed us that a purpose-built medicines cabinet had been ordered.

Some people were prescribed medicines on an 'as necessary' (PRN) basis. For some PRN medicines people had written guidelines so staff knew when and how to use these. However, such guidelines were not in place for all PRN medicines. For example, one person had a laxative medicine prescribed PRN but there were no guidelines as to the circumstances in which this should be used.

Medicines administration record charts were mostly supplied by the pharmacy pre-printed with the medicines, dosages and time each dose should be given. The current MAR at the time of the inspection had all been initialled by staff to indicate people had taken each medicine at the appropriate time and there were no unexplained gaps. However, one person had a MAR for painkillers that had been handwritten by a member of staff. This had not been countersigned as a check that it had been written out

correctly and this contravened the provider's medication policy. There was therefore a risk that the person may not have received their medicine in line with their doctor's instructions.

These shortfalls a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as there was a risk that unauthorised people might have access to medicines and that people might not receive their medicines as prescribed.

Appropriate standards of cleanliness and hygiene were not maintained in all areas. Many parts of the house were superficially clean, including the kitchen. For example, communal areas were tidy and had been dusted and hovered and most bathroom fittings had been cleaned. The premises smelt fresh. Cleaning schedules were introduced during our inspection. However, in kitchen cupboards there were loose open packs of flour that should have been in sealed containers to prevent infestation. One person's bathroom was dirty and their toilet stained with faeces. Staff told us the person needed assistance to keep their room clean. No soap or paper towels were provided in the first floor bathroom for handwashing after people had used the shared toilet on the first floor. There was a tear in the bathroom floor covering, which could harbour germs and be difficult to clean effectively.

The infection control policy written in January 2015 did not adhere to the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections. For example, it did not address the control of outbreaks of certain infections, how to manage contact with blood or body fluids other than reporting to a manager, or the dress code for staff.

These shortfalls a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people and staff were not protected against identifiable risks of acquiring an infection.

### Focused inspection on 8 July 2015

Action had been taken to meet the regulations in relation to staffing levels.

## Is the service safe?

Following the last inspection the provider advised us they had made improvements to staffing levels. An additional support worker was on duty at times that were known to be busy when everyone was at home, in the mornings, evenings and at weekends.

At this inspection, a person told us they felt safe and were well supported through regular time with their keyworker. They said, “[Keyworker] is always there to support me... has always been here for me”. They talked about how this helped them to be busy and to maintain their independence by doing their own cooking.

Staffing levels allowed people to go out more than they had done at the last inspection. A person who did not go out to organised day activities went out during the inspection with a member of staff. Both support workers and the registered manager told us how people now all had one-to-one activities of their choice, particularly at weekends, and records of activities reflected this. The majority of the activities recorded for June and July 2015 involved walking to the shops, although there were other activities such as visits to a local carnival and funfair and one person’s horse riding.

Activity forms did not reflect evening activities such as particular clubs, and relatives had commented on evening activities for people through the April 2015 quality assurance survey. The registered manager acknowledged that two people in particular enjoyed a certain club on Saturday nights, but staff shifts meant that staff needed to be back by 9pm. They confirmed they would review this when more regular staff were in post and they could stop using agency staff. New permanent staff were awaiting Disclosure and Barring Service clearance before starting their employment.

Staff rotas reflected increases in staffing and breaks during twelve hour shifts at weekends. Two staff were rostered on weekdays between 7am and 10am and between 3pm and 9pm, and from 9am to 9pm at weekends. There was one member of staff on duty weekdays between 10am and 3pm, and all week on a sleep-in shift from 9pm to 9am.

A support worker confirmed the changes in numbers of staff on duty and stated they no longer spent all their time working alone. They said that their shift patterns suited

them. The other support worker said independently that there were at least two staff mornings and evenings and all day at weekends. This member of staff also expressed satisfaction with their shift patterns.

Agency staff were used, as staff recruitment was in progress. They were block booked for a number of shifts in order that they could more easily get to know people and understand the support they needed. Agency staff always worked with a member of permanent staff, except for a particular agency worker who had often worked at Helene Lodge.

At the last inspection we found breaches in the regulations relating to the maintenance of the premises and the surrounding grounds and asked the provider for an action plan as to how they would meet this regulation.

At this inspection we found that substantial steps had been taken to address shortfalls in the maintenance and cleanliness of the premises and furniture, such that the regulation was currently met. Rooms looked clean, including the bathroom that had been stained and dirty last time. The person whose bathroom it was said they now had planned support from staff to keep it clean. Hot water temperature regulators had been installed and property repairs had been undertaken. Moss, fallen leaves and an old greenhouse frame had been removed from the back garden. New over-sink lights had been installed in the shared upstairs bathroom and the downstairs toilet to replace broken and dangerous ones. Blown light bulbs had been replaced. Suitable handwashing facilities had been provided in the upstairs bathroom. There was a new sofa in the small lounge instead of an old one with ripped covers.

Maintenance records reflected repairs being attended to on a regular basis rather than being left outstanding for months. A maintenance person visited on the day of the inspection to attend to a problem with the parquet flooring in the small lounge, which had been identified two weeks before.

Central heating repairs had not yet been undertaken. At the last inspection, undertaken in winter, the radiator in a downstairs bedroom was not working and an oil-filled radiator had been provided as a temporary measure. The current inspection was undertaken during the summer and the person was happy with the comfort of their room. The registered manager confirmed they had consulted with several contractors, who had said that new pipework was

## Is the service safe?

required. They were considering purchasing a separate wall heater for that room, which the person could control. This is an outstanding action, which we will review at our next inspection.

The ripped flooring in the shared bathroom had not yet been replaced. The management team advised there were plans to refurbish this room as a priority above other rooms, at which point the flooring would be replaced. We will review this at our next inspection.

Although we did not review the regulation relating to medicines at this inspection, we saw that a purpose built medicines cabinet had been installed. Medicine that required cold storage was stored in a locked box in the fridge.

# Is the service effective?

## Our findings

(Text unchanged from comprehensive inspection)

# Is the service caring?

## Our findings

(Text unchanged from comprehensive inspection)

# Is the service responsive?

## Our findings

(Text unchanged from comprehensive inspection)

# Is the service well-led?

## Our findings

### Comprehensive inspection on 26 and 30 January 2015

People had lived alongside each other at Helene Lodge for a number of years. Relatives commented that their family members had had to adjust to changes when the current provider took over in 2013. This involved a completely new staff team, which had changed further since the provider acquired the home, and changes in the culture of the service. When asked about the culture at Helene Lodge, staff members talked about people being supportive of and understanding towards each other. Communal areas of the house looked functional rather than homely, with empty shelves and few pictures or posters on the walls. There was little evidence of strong links with the local community, with no information about local organisations and events on display or to hand in communal areas.

At our previous inspection in April 2014 we found the provider did not have an effective system to regularly assess and monitor the quality of the service, nor to identify, assess and manage risks to people's health, safety and welfare. People had not been adequately protected against the risk of fire. There was no legionella risk assessment or management plan in place. Actions from monthly management audits were not followed up. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating they would improve their quality assurance and risk management system to meet Regulation 10 by 20 July 2014. However, this was later revised to November 2014 to allow for the installation of a fire detection and warning system by the deadline set by the local fire and rescue service.

At the inspection in January 2015, there were continuing shortfalls in the provider's quality assurance and risk management systems. The failure to implement an effective system to assess and monitor the quality of the service had meant that they had not identified the breaches of the regulations relating to the care and welfare of people, safeguarding, infection control and prevention, medicines management, the safety of the premises, staff training and records that we found at this inspection.

In addition, there were repeated breaches of the regulations relating to staffing levels, and to quality assurance. This showed the provider had failed to have regard to our last inspection report.

Risks to people's health safety and welfare were not all identified or acted upon. For example, staff had recorded daily hot water temperatures at some taps in excess of 60oC since November 2014, which put people at risk of scalds. The form stated that temperatures more than one or two degrees above or below 43oC should be reported to the home manager. This had been noted in the maintenance file and a 'management and risk report' at the end of December 2014. The provider was not aware of the high water temperatures and action had not been taken to ensure they were in the safe range. Following the inspection, the provider informed us they had arranged for water temperature regulators to be fitted to hot taps. Additionally, the fire extinguisher mentioned in our last report that did not bear a sticker showing when it had last been serviced was still there, with no sticker.

There had been delays in attending to other hazards and breakages identified in maintenance checks, which remained outstanding. These included a broken light over the upstairs bathroom sink that had been logged in June 2014. A note dated November 2014 stated that an electrician was needed. The light was still broken. Some hazards and maintenance issues had not been identified at all in health and safety checks, such as torn flooring in a bathroom, faulty kitchen spotlights, bulbs that had blown in the lounge ceiling light and an unrestricted window opening in the upstairs bathroom. The provider informed us they had experienced difficulty in finding reliable maintenance people.

An audit of people's finances in November 2014 was not robust. It stated all monies were correct and receipts in good order, and identified no action to be taken. However, we saw envelopes of receipts in the office drawer dating back to April 2014. The home manager acknowledged the receipts should have been checked and filed on people's cash sheets, as the provider's service user finance policy stated.

Information from quality assurance surveys, incidents and compliments, comments and complaints was not used to improve the quality of the service. Quality assurance surveys had been completed by staff and families in summer 2014. There was no action plan arising from this



## Is the service well-led?

and adverse comments had not been followed up. Some family members described continuing issues with communication, which suggested these had not all been addressed. Incident forms contained no evidence of review by managers, or of any learning and improvements in response to incidents; they were not designed to require this.

There was no regular, documented method of obtaining people's feedback about the service and using this to develop the service. Only one house meeting had been recorded since our last inspection; this had addressed issues raised by staff rather than obtaining people's views. The nominated individual said people's feedback was sought informally, rather than at house meetings, but this was not recorded.

Similarly, there was no regular system to obtain feedback from staff other than through annual quality assurance surveys and supervision, which did not happen regularly. The nominated individual informed us they and the home manager regularly supported staff through informal face-to-face and telephone conversations. Staff described managers as supportive to talk with. However, concerns regarding lone working raised by staff in supervision and via the staff communication book had not been acted upon. The manager's supervision record stated that staffing would be increased during personal care routines and at weekends. This had not happened.

These shortfalls in quality assurance and monitoring were a repeated breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people were not protected against the risks of unsafe or inappropriate care by means of effective quality assurance and risk management systems.

Some records relating to people's care and to the management of the service were incomplete. For example, staff had recorded they had asked managers to make contact with a person's relative at the relative's request, but no subsequent contact was documented. A behaviour record chart and social diary on a person's file were not dated to show when particular incidents and events had occurred.

Records for two managers who had regular contact with people were not readily available. We were shown one of these files when we returned on 6 February 2015 to give feedback. The staff member had transferred from one of

the provider's other services over two months before but their file had been retained at their previous workplace. Their recruitment records related to their recruitment to their previous role and did not contain details of their transfer to their current post. The other staff member was the nominated individual, who supported people regularly and did so during the inspection. Additionally, the nominated individual was not recorded on the staff training plan.

Records were not kept securely. People's care records were stored on open shelving in an office with an unlocked door and which was not always attended. In addition, although staff files were locked away, some staff personal information was available in some of the management files, which were also stored on the open shelving.

The shortfalls in recording were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people were not protected against the risks of unsafe or inappropriate care arising from a lack of proper information in up to date, securely stored records.

There had been no registered manager since July 2014. The current home manager, who had been in post two and a half months, had not yet applied to register. The provider informed us they were expecting this manager to apply and we saw records that showed they had been expected to do so by 31 January 2015. Managers had submitted notifications about important events, which the service is required to send us by law, with the exception of an event that had happened the week before the inspection.

### Focused inspection on 8 July 2015

Action had been taken to meet the regulations in relation to assessing and monitoring the quality of the service.

Following the last inspection the provider advised us they had improved their systems for assessing and monitoring the quality of the service. This included appointing a quality and improvement manager to oversee and address the quality of all three of the provider's homes, and arranging for water temperature regulators to be fitted to hot taps.

Hot water taps had regulators fitted so that hot water came out at a safe temperature. Staff checked hot water temperatures daily. These were mostly within safe limits

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and on those occasions the limits were exceeded, temperature monitoring records showed that the tap regulators had been adjusted to bring the temperature down.

Other maintenance and furnishing issues highlighted in our last report had been addressed. The unlabelled fire extinguisher had been replaced and was labelled with the date purchased (April 2015). Suitable handwashing facilities had been provided in the upstairs bathroom. There was still no window restrictor on the upstairs bathroom window, but the risk this posed had been assessed. Window restrictors had been audited and the quality and a decision from the provider was awaited as to which suitable restrictor would be installed.

Radiators were not all covered. However, the uncovered radiators had been assessed as not presenting a risk to people as the radiators did not have hot surfaces.

There was a programme of quality audits and health and safety checks. There was a system for daily and weekly checks, which principally the cleanliness of the premises and other aspects of health and safety. The home's lead for medication had undertaken a medicines audit in May 2015 following a pharmacy audit in March 2015. An action plan had been developed and was progressed. For example, the management team had registered for 'BNF online' as recommended by the pharmacist.

Feedback from people and relatives was used to develop the service. A relative told us that concerns they had raised

had been addressed, although they identified there were sometimes "niggles" and felt they sometimes had to chase the manager. Complaints and comments were recorded with details of the responses and of any learning. One record highlighted that the problem had already been identified and acted upon before the concern was raised.

Quality assurance survey forms had been circulated to staff and people's relatives since the last inspection. Relatives' questionnaires had been returned in April and May 2015 and reflected general satisfaction but commented on staff turnover and details about individual people's care, including evening activities. The registered manager had used the comments to develop an action plan for each person. The staff group was very small, and one anonymous form had been returned a few days before the inspection. It rated all questions positively.

There were records of learning from accidents and incidents. New, more detailed accident and incident forms had recently been introduced. For incidents involving two people there was a record of review by the registered manager for any trends that could suggest improvements needed to practice. One person had not experienced any accidents or incidents since the last inspection, and two other people had only one incident each relating to tablets that had been dropped on the floor.

We will check at our next comprehensive inspection, which will review the home's overall rating, whether these improvements have been sustained.