

Helebridge House (2006) Limited

Helebridge House

Inspection report

Hele Road
Marhamchurch
Bude
Cornwall
EX23 0JB

Tel: 01288361310

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29 February 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Helebridge House on 29 February 2016. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The service was last inspected in October 2013. The service was meeting regulations at that time.

Helebridge House provides care and accommodation for up to six people who have a learning disability. At the time of the inspection six people were living at the service.

There was a registered manager 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.

Window restrictors were not in place for first floor windows which had a wide opening and may pose risk to some people using the service. The registered manager confirmed they had purchased window restrictors after the inspection visit to ensure people were safe.

Care records were not detailed or person centred and did not contain specific information to guide staff who were supporting people. There were brief summaries in areas of support required but no life history profiles about each person in a format which was meaningful for people. This included large print and pictorial information. Staff said they knew people's needs because they had been supporting them for a long time and information was shared daily between the registered manager and staff.

Records identified risk factors and how to support people's life choices. For example going out into the community. However there was no clear guidance for staff as to how individual risk factors should be managed.

People told us they were kept informed about their relatives care and support. People said staff spoke with them and asked their views on the care they wanted.

Staff completed a recruitment process to ensure they had the appropriate skills and knowledge to carry out their role. A record of when a Disclosure and Barring Service check (DBS) had been received and when the staff member had commenced employment would show the checks had been completed before the employee had commenced working in the service. Photo identification for staff members were not on file but the registered manager acknowledged they would be put in place.

People living at Helebridge House were supported to lead fulfilled lives which reflected their individual preferences and interests. There were enough staff available to make sure everyone was supported according to their own needs.

Staff members were available to support peoples' needs and engage in activities. Staffing levels were flexible so they could respond to people who at times required additional support. Staff on duty supported people respectfully. People told us that staff supported them to maintain their independence and we saw evidence of this within the care documentation we viewed. For example supporting people to develop life skills including cooking and supporting people to access links with the local community.

Staff were trained in a range of subjects which were relevant to the needs of the people they supported. There was a small staff team who the registered manager knew well and training was discussed on a regular basis. New staff undertook training in induction standards leading to the care certificate award.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse. Staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff understood what restrictive practice meant and how the principles of the legislation should be applied.

The environment was of a homely nature. Rooms were personalised where people had wanted to include their own items.

People knew how to complain and we saw people had the opportunity to discuss how they felt about the service. People told us they were regularly asked if they were happy with the service they received. One person told us "I wouldn't hesitate to say something if I was not happy". A relative said, "If I was concerned about anything I feel confident it would get sorted out".

The system for measuring quality assurance was informal. People and their relatives were regularly consulted about how the home was run. Relatives said, "We are always told about any changes and when we visit we are always made welcome" and "We have regular contact and get to know what's going on. We are always made to feel welcome and involved".

We identified breaches of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe. Risk associated with window openings had not taken place which meant there was a potential hazard for people using the service.

Recruitment records were in place but did not provide information about when safety checks had been returned.

There were sufficient numbers of suitably qualified staff on duty to meet their needs.

Is the service effective?

Good 

The service was effective. Staff were supported in their day to day roles.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good 

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were supported with kindness and had flexibility in their choice of routines.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good 

The service was responsive. People's needs were responded to by staff who understood them.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

The service was not always well-led. Care plans contained limited information about the person.

People and their relatives were regularly consulted about how the service was run. However some policies and procedures did not reflect current guidance and legislation.

The staff team told us they were supported by the registered manager.

The service focussed on ensuring people had fulfilling lives and experiences.

Requires Improvement 

Helebridge House

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 29 February 2016. The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with five people who used the service. Where some people had limited communication we observed how they responded with staff and others. We spoke with the registered manager and two staff members. Following the inspection visit we contacted three relatives.

We looked at care records for three people, three staff training records, three recruitment files, medicine records and other records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Helebridge House. They told us, "I visit every week. It is a lovely place for (persons name) to live. Everyone so friendly and I have nothing to worry about" and "Helebridge lodge has done a very good job. It has that lovely family homely feel about it. Yes I think it's a safe place".

Risk associated with the environment had not been assessed, or action taken to mitigate risk in respect of looking at how first floor windows may pose a hazard to people due to the depth they opened. The registered provider was made aware of this potential risk and acted by purchasing window restrictors shortly after the inspection visit and this was confirmed by the registered manager to have been completed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff supported people to take day to day risks while keeping them safe. For example in the community where a person liked to go independently and where people had specific health needs including Epilepsy. Support plans included information about individual risk. However, there was limited detail as to how this might be managed and what indicators staff should look for. Staff talked about people's individual risks. It was clear they had known people for a long time, and understood the level of risk and how to respond to minimise risk factors.

We recommend the service follows good practice guidance in producing a risk and dependency support assessment.

Staff completed a recruitment process to ensure they had the appropriate skills and knowledge to carry out their role. A record of when a Disclosure and Barring Service check (DBS) had been received and when the staff member had commenced employment would show the checks had been completed before the employee had commenced working in the service. Photo identification for staff members were not on file but the registered manager acknowledged they would be put in place.

There were enough staff on duty to support people to take part in individual activities, attend appointments and engage routines of their choice. Some people chose to stay in their rooms. They told us this was their choice. They told us, "I have everything I need here and it suits me. If I need anything they (staff) are always around" and "(Staff names) are always popping in to see if I need anything. I appreciate that". Some people took part in activities outside the service during the day but there were always staff available to support people who remained at Helebridge House.

Staff told us they had time to spend with the people living at the service. They were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed and relaxed.

Staff were aware of the service's safeguarding policy and said they were confident to use it should they be concerned about abusive practice. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the registered manager. Information for people and staff was available with the appropriate contact details and telephone numbers should staff or people witness or suspect abuse. The processes in place ensured safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people living at Helebridge House

There were safe systems in place to support people to manage their finances. Arrangements were in place for people to keep their money securely in the service. Records of when staff supported people to make purchases were kept and regularly audited by the registered manager.

The service had procedures in place to record accidents and incidents. Accidents had been reported and recorded.

There were storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these were correct.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The owners carried out regular repairs and maintenance work to the premises. Fire systems and hoisting equipment had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, external contractors, to ensure they worked.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff spoke about people knowledgeably. They provided a good insight into the individual levels of support people required. This demonstrated a depth of understanding about people's specific support needs and backgrounds. Staff told us, "Have worked here for a long time and love it. We generally get the time to support people with the things they like to do" and "We (staff) get to do training which is around making sure we know how to support people living here. Everybody is different and that's what make the job so different".

Training was available to support staff. This included, training in areas such as moving and handling, food hygiene, safeguarding and first aid. Staff also told us that further training was provided, to support people with specific needs including epilepsy. Staff training was regularly reviewed to ensure all staff were up to date with current good practice and guidance. This helped ensure people received effective care that met their individual needs. A staff member had almost completed their induction standards which met the Care Certificate framework. This replaced the Common Induction Standards with effect from 1 April 2015.

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. The health plans identified if a person needed support in a particular area. Some people required specific healthcare support and there was evidence this was provided. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care. People had access to regular health checks and illness prevention. For example flu inoculations.

People told us they enjoyed their meals provided by the service. They said they received a varied, choice and always had plenty to eat. The service did not work to a set menu and people were asked daily about meals and choices available to them. One person told us they got what they liked to eat and could have a snack if they wanted to. Another person said, "I like the meals here. If I don't like something I have something else". Fresh fruit was readily available and one person had their own fridge with snacks and drinks in their room. People had access to a range of hot and cold drinks whenever they wanted. People's preferences and dietary needs were recorded in care plans.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Referrals had been made where the service was concerned about people's right to

liberty was being restricted due to their level of mental capacity.

Staff were being supported in their roles by meeting with the registered manager. Records showed a competence checklist was completed with the staff member. It included how staff supported people to ensure they were meeting individual needs and were competent in how they supported people. It also provided an opportunity to review staff training needs. Staff told us supervisions were useful for their development as well as helping ensure they were up to date with current working practices. One staff member told us, "We are a small staff team so we talk every day. But supervision is important".

The environment was of a homely nature. Rooms were personalised where people had wanted to include their own items and were encouraged to do so. People had their own interests and this was evident, where some people had collections of their hobbies and interests. One person told us, "I have satellite TV and like watching it every day". A through floor lift had been put in since the previous inspection. This supported people using the first floor with access. A relative told us, "It's been the best thing for (Persons name) because they were really beginning to struggle with the stairs. There was a lounge and dining area which was bright and overlooked the garden area. People told us this was used a lot in summer for bar b cues.

Is the service caring?

Our findings

People told us they were happy living at Helebridge House and found it to be a good place to live, where staff knew what people's needs were and were responding to them in a kind and caring way. It was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected them. People told us, "They (staff) are very kind. Very patient and I have a good laugh with them every day" and "Like living here. They (staff) take me out and help me". Relatives told us, "Absolutely brilliant. They (staff) could do a better job" and "So patient we can trust them to do a good job".

Two care records contained information about people's personal histories and background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. However, people who had moved into the service more recently did not have this information recorded. It was clear staff knew people's histories because they spoke with people about their interests and family connections. The registered manager agreed the information would be useful especially for any new staff and confirmed they would update the records.

Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. It was clear staff understood individual needs. For example where one person liked to stay in their room this was respected by staff. They made sure they regularly checked on the person's welfare. The person told us, "I like being in my room. I have everything I need. Staff always pop in".

The registered manager took time to introduce us and explained why we were visiting the service. They also asked people's consent about speaking with us.

Daily records demonstrated how people were being supported. The records communicated any issues which might affect people's care and wellbeing. For example when a doctor or other health professional might be required. The registered manager told us this system made sure they were up to date with any information affecting a person's care and support.

Privacy and dignity was respected when supporting people with personal care. People living at Helebridge House had varying levels of dependency. Independence was promoted by encouraging people to do things for themselves; however where more support was required the registered manager had put support systems in place to address the need. This included specialist equipment to support people. For example a through floor lift for a person who was experiencing difficulty managing the stairs. Also, hoists and bath aids. A staff member was observed supporting a person in a sensitive and caring manner.

Two people told us their privacy was respected when they wanted to spend time in their rooms or other parts of the service. They told us, "Spending time on my own is my choice and staff respect it" and "I like to come and go as I want to. I have everything in here that I like". People looked physically well cared for and made their own choices about what they wanted to wear.

People were supported to maintain relationships with families and friends. Families visited the service regularly and some people went to visit their families. One person said, "I am going to mum for lunch on Sunday because it's Mother's day". Staff supported people to do this. One relative told us, "I visit every week and I am always made to feel very welcome".

Is the service responsive?

Our findings

People told us they had everything they needed living at Helebridge house. People using the service told us, "I have everything I need here. Staff help me to do the thing I want to do" and "Went to the pictures. I like going to the pictures". Relatives told us, "They (registered manager) always keep us informed of what's going on" and "(Persons name) aunt supported them in a recent review. It gave them confidence as they do get anxious".

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of events for staff coming on duty.

The service focussed on the importance of supporting people to develop and maintain their independence. People told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. For example some people attended regular daytime activities and others liked to go out into the community. All required support to do these activities. Staff respected people's choices. Where necessary people's choices might need to be restricted due to risk factors but this was discussed with the person. This was reflected in the care documentation. For example advising people about their safety when out and reminding them of their vulnerability in the community.

The approach to activities varied. Where possible people were supported to follow their own interests. For example, one person had a collection of models. Another person liked to collect CD's. One person liked classical music and had been to events which supported this interest. People like to go on holidays. One person told us of an activity holiday which they had experienced and had planned to repeat this year. They told us, "I just love it. It's an amazing experience for me. They showed us photographs of the experience and had thoroughly enjoyed it. Another person liked to go abroad and this was supported by the registered manager. Another holiday was planned for this year. There was a clear link with the local community by using the cinema and going into Bude for shopping or recreation. Two adapted vehicles supported people to go out into the community.

People were supported to maintain relationships with their friends and family members. For example spending time with members of their family. A relative told us they felt they could visit anytime and were always warmly received.

Rather than bring entertainment into the service staff supported people to engage in community links, for example going out for meals, going to local pubs and attending events of people's choice. These were usually as a small group or on a one to one basis.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. People we spoke with told us they had never felt the need to raise a complaint but had the information if they felt they

needed to.

Is the service well-led?

Our findings

Staff spoke of the open and supportive culture promoted by the registered manager at Helebridge House. Staff told us they enjoyed working at the service. Comments included, "It is a small family run home and it's a good place to work" and "Love working here. Every day is different and we (staff) work well as a team and support each other. People living at the service said, "(registered manager's name) always asks about whether I am happy with things.

People were comfortable and relaxed in the service. One person said, "Love living here, it's the best thing that happened to me". They [registered manager and staff] are like family to me" and "Coming to live here was the right thing for me".

Some of the service policies and procedures had not been updated to reflect current guidance and legislation. The legislative guidance did not reflect The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained limited information about the person. They were not written in a person centred way but identified what support people required. People we spoke with were aware they had a care plan and told us staff often spoke with them about what they needed. A staff member told us, "We (staff) have known everybody for years and we use the communication book to add anything that changes. It's a small home and we talk all the time, nothing gets missed. Relatives told us they were involved in care planning and review. One person had ensured their relative was supported during a recent review.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's views were sought in an informal way. People told us they were very satisfied with the service and they spoke with the registered manager and staff regularly to express their views. Relatives told us they had good communication links with the service. For example a relative had made sure a person had been supported by a member of their family during a recent review so they could be supported to express their views.

Staff told us the way information was shared was through day to day communication and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. The registered manager took an active role on the day to day management of the service. Staff told us, "(Registered manager's name) is always around and they live next door, if there is an issue they are always there for us" and "It's a small service we just talk things through".

There were clear lines of responsibility and accountability within the service. The registered manager oversaw the day to day management of the service and was visible to staff and people using the service on a

daily basis.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the registered manager and staff that people who lived at Helebridge House were supported to be as independent as possible and live their life as they chose. The registered manager and staff recognised the changing needs of people living at the service including age related illnesses. They ensured the service had the necessary facilities available to meet specific needs and closely monitored any changes to ensure the resources were available.

People living at the service, their relatives or advocates, were consulted about what was happening. People talked together to discuss any plans or changes. Decisions were made individually and as a group about holidays, outings and meals. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks relating to people's safety and welfare because assessments were not complete. Regulation 17 (2) (d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to enable the registered person to respond to people's needs, monitor and improve the quality of the service. Regulation 17 (2) (b) (c)