Helme Hall Limited

Bishop's Way

Inspection report

Bishop's Way, on Bishop's Way, Meltham, Holmfirth,
Tel: 01484 851270
Website:

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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

Overall summary

We inspected Bishop's Way on 19 December 2014 and the visit was unannounced..

Bishop's Way provides accommodation and nursing care for up to a maximum of 15 younger adults who may have learning disabilities or mental health problems. On the day of our visit there were 12 people using the service. The accommodation is arranged mainly at ground floor level with one first floor flat which is used for assisting people towards a semi-independent living situation. All bedrooms are single and communal areas include two lounges and a dining room. There is also a craft room, a sensory room and a small gym.

There is a registered manager who has been in post since the home registered in 2010. 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.

People who used the service who were able, or who chose to speak with us, said they liked the staff. People said the food was good. We saw people chose and, where

Summary of findings

possible, assisted in the preparation of their breakfast and midday meal on an individual basis. People were able to access the kitchen as they chose for drinks or snacks.

Staff knew people well and were able to tell us about the support they needed. Staff demonstrated this support in a respectful, kindly and patient manner. We found people's support needs, abilities, lifestyle preferences and personal aims detailed within their care records. We also saw from care records and from speaking with staff that people's health care needs were being met with the support and involvement of community and hospital based healthcare professionals . Systems were in place to make sure medicines were managed safely and people received their medicines as they had been prescribed.

Staff had been recruited safely. Training had been followed to support staff in their roles, this included safeguarding training which meant staff knew how to keep people safe.

Staffing levels and deployment of staff was appropriate to meet the needs of the people who used the service.

People had individual programmes of activity arranged on a weekly basis. These included activities within and outside of the home. During our visit we saw people enjoying both group and individual activities with staff.

The service was well led and systems were in place to regularly monitor the quality and safety of service provision.

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?

Good

The service was safe. Staff were able to tell us what they would do if they felt somebody was at risk or if something was happening that was not in the person's best interests. Good whistleblowing procedures were in place.

The premises were well maintained and we saw evidence of good practice in relation to infection control.

Each person's care file included risk assessments and plans in case of emergencies such as fire or hospital admission.

Accidents and incidents were recorded and analysed for any trends or patterns.

Staff were recruited safely and staffing levels were arranged in line with each individual's needs.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their role and the provider was in the process of improving training in response to feedback from staff. New induction packs were being introduced for new staff. Staff felt supported by the manager.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and understood about involving people in their care.

People were supported to make choices about their food and drinks and were encouraged to be involved in meal preparation.

Is the service caring?

Good

The service was caring. Staff supported people with kindness, understanding and respect.

People's abilities in relation to maintaining an promoting their independence were assessed, encouraged and supported.

People said they liked and trusted the staff.

Is the service responsive?

Good

The service was responsive.

People's individuality was at the centre of their care and support planning.

Care and support was planned and delivered in a person centred and highly individualised manner. This meant account was taken of the person's circumstances, needs, preferences and abilities.

People were encouraged and supported to follow their aims and lifestyle choices. Each person had a weekly programme of activities based on their personal needs, interests and choices.

There was a sensory room, an arts and crafts room and a small gym which people used as they chose.

Summary of findings

Is the service well-led?

Good

The service was well led.

The manager and provider conducted quality service audits and responded to any areas identified as requiring improvement.

Outcomes of quality of service questionnaires were on display and records of regular service user and staff meetings were available with actions taken as a response to issues raised.

The manager and provider demonstrated openness and transparency with staff, service users and The Care Quality Commission.

Staff said the manager was supportive.

Bishop's Way

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 19 December 2014 and was unannounced.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion the provider had not received their PIR.

The inspection team consisted of two Adult Social Care inspectors.

Prior to our visit we looked at the most recent report from the local authorities' contract monitoring visit. The report indicated full compliance.

On the day of our inspection we spoke with three people who lived at Bishop's Way, four members of staff, the registered manager and the provider.

We spent time speaking with people and observing care in the lounges and dining room. We looked around the building including bedrooms (with permission), bathrooms and communal areas. We also spent time looking at records, which included four people's care records, two staff recruitment records and records relating to the management of the service.

Good

Is the service safe?

Our findings

We spoke to three people who lived at the home and asked them if they felt safe there and what they would do if they wanted to raise any concerns. They all told us that they felt safe. One person said " I would go to (manager) as she is the boss." Another person told us " The staff make me feel safe. I would tell them if there was something wrong."

We looked around the home and found it to be well maintained, clean and provided a safe and comfortable environment for people.

The registered manager told us that no separate cleaning or laundry staff are employed. People who lived at the home were supported and encouraged, where possible, to clean their own rooms and do their own laundry. Cleaning of communal areas was done by support staff with time arranged for this outside of care hours. We saw cleaning schedules and records of cleaning for communal areas.

We spoke with three staff who told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of how they could take their concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

The registered manager showed us a card which had been given to each member of staff. The card described the whistleblowing policy and gave staff information about how to follow it. The card also gave contact telephone numbers and gave assurances that any concerns would be taken seriously. The provider and manager had informed the CQC of a recent whistleblowing concern and we saw this had been thoroughly investigated. This showed us that the provider encouraged an open culture and took the safety of staff and people who lived at the home seriously.

We saw a range of risk assessments within each of the care files we looked at and each care plan included a section entitled 'What risks need to be discussed'. This showed that staff considered the potential risks people might encounter and considered ways of reducing the risk.

We saw other ways in which the safety of people who lived at the home had been considered. For example a notice at the side of the computer gave internet safety tips in both a written and pictorial format.

We looked at accident and incident records and saw these were analysed on a monthly basis by the manager. This meant that any themes or trends could be identified and action taken to minimise the risk of reoccurrence.

We saw that staffing levels were arranged in response to the needs of the people who lived at the home. For example, at the time of our visit one person was receiving the care of two staff at all times, including night time. We saw staff were always available in communal areas and maintained the level of care identified for each person within their care plan.

We looked at two staff recruitment files and saw that safe procedures had been followed to make sure that staff were suitable to work with vulnerable people. This included references and Criminal Record Bureau or Disclosure and Barring Service (DBS) checks. The manager told us that applicants were also assessed at the recruitment stage by interacting with the people who lived at the service.

We looked at the systems in place for the receipt, storage, administration and disposal of medicines. We found all of these processes had been maintained safely and staff demonstrated good practice in administration of medicines. For example, we saw that time critical medicines were identified and administration times planned and followed accordingly. The manager told us that a few days before our visit a person had come to live at the service who needed large amounts of medicines. Storage had been identified as an issue and a new trolley had been ordered. We saw that medicines audits were done every month with a mini medication audit done in-between.

We also saw that records of what medicines each person took were included within the care file as well as with the medication administration records (MAR) . This included details of what the medicine was for, how the person preferred to take it and what side effects there might be. People's medicine allergies were clearly noted in both care records and with the MAR. This meant that people received their medicines as prescribed and in the way they preferred.

Good

Is the service safe?

We saw plans in place for emergencies. These included an emergency evacuation plan in each person's care file and a 'grab bag' situated in the office containing torches and space blankets for if people needed to be evacuated in the cold and dark. We also saw 'hospital passports' within care files. These contained up to date medical details and support needs for if the person needed to be admitted to hospital as an emergency.

Good

Is the service effective?

Our findings

Staff told us that they received good levels of training and said the majority of this was done by way of e-learning (via the internet). One member of the nursing staff told us that whilst they found some of this helpful they felt they needed more practical training appropriate to their role as a nurse. We discussed this with the manager who said they understood this and was looking at ways to improve training.

We looked at the computerised training matrix which showed when further training or updates were required. We saw that of the twenty one support workers, thirteen had achieved National Vocational Qualifications (NVQs) in care at level two or above. The manager told us that four more support workers were about to achieve the award and those remaining were in the process of studying for it. This meant that staff had been assessed as competent in their roles by someone external to the service.

We looked at induction training records which covered a wide range of subjects but were not in line with the core standards induction as provided by Skills for Care. The manager told us they had recognised this and showed us a new 'employment pack' which was to be used for all new staff. This showed that training methods were kept under review and improvements made as required.

We saw nursing staff had different nursing qualifications. These included mental health nursing, general nursing and learning disability nursing. Nurses told us this worked very well in supporting the diverse needs of people who lived at the home and in learning from each other.

We saw a board in the entrance hall with photographs of all the staff which said who was working at what time on that day. The board also said which staff were available for driving and who were first aiders.

Staff told us they felt supported by the manager and found them approachable. We saw staff supervision sessions were taking place on a regular basis and that an appraisal system was in place and up to date.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The manager was able to demonstrate an understanding of the implications of the MCA 2005 and DoLS and described to us how they were giving particular consideration of this in relation to two of the people using the service. The manager explained how staff were able to understand the communication methods of these two people in relation to capacity and consent issues but felt this needed further discussion with appropriate professionals.

We saw that, where appropriate, mental capacity assessments had been completed and had been broken down into specific areas of consent and decision making. For example, we saw in one person's file, capacity assessments relating to finance, medication, access to the community and nutrition.

This showed that the best interests of the people who used the service were considered in line with relevant legislation.

We saw from care records that people's healthcare needs were met by the support of community and hospital based health care professionals such as GPs, speech and language therapists and mental health specialists. The manager told us that wherever possible, people were supported to go out to clinics or surgeries but that domiciliary visits could be arranged as required.

The registered manager told us that people who used the service chose their own breakfast and midday meal. Where possible they were supported to prepare these on an individual basis. We looked in the kitchen and saw pictures on cupboard doors informing people what was in in the cupboard. We saw staff asking people what they would like to eat and supporting them to prepare it. For people not able to prepare their own food we saw staff offering choices about what they would like and where and when they would like to eat. One person told us they liked soup for lunch and we observed this was offered on the day of our inspection.

The manager told us the evening meal was made by staff with the menu put together by the people who lived at the home. We saw this had been discussed from looking at minutes of service user meetings.

The manager also told us about the first floor flat which was used for supporting people towards a semi independent living situation.

Good

Is the service caring?

Our findings

One person we spoke to told us " I am happy here. My key worker asks me whether I want a bath or a shower and I choose. I like the food, I like soup. I have everything I want around me."

We saw one person had said in a quality assurance questionnaire "I feel well looked after by the staff"

We observed staff supporting people in a respectful, caring and compassionate manner. We saw staff demonstrated a high level of understanding of people's needs, particularly where communication was difficult. For example when one person was making noises which might indicate they were in discomfort, we saw staff asking if they needed their stomach medicine or if they needed a drink. When we looked at this person's care records we saw this was exactly the response needed in this situation. When the person indicated to staff they wanted a drink, we saw staff offer choice and then explanation about how long it would take for the kettle to boil to make their chosen drink.

We saw staff supporting a person who had recently gone to live at the service. We saw from this person's records and from speaking to staff that the person had made huge improvements in their abilities and wellbeing since their admission. We saw staff supporting and assessing the person throughout the day in a way which maximised their independence and abilities. When we looked at this person's care records we saw they were under constant review as the person progressed and as staff became familiar with their methods of communication.

We observed that people were treated with kindness and compassion. We saw one person who wanted to watch television was supported to choose what to watch by using the remote control to go through the television channels. We saw the support worker explaining what the programmes were until they found a channel that the person wanted to watch.

We saw people's diversity was respected and catered for. For example one person who chose to eat a Halal diet was supported in doing this. One person told us they liked rice, peas and chicken but this was not on the menu. We discussed this with the registered manager who advised us that they have tried to accommodate this, and brought in the ingredients, but the person did not like the way they cooked this. The registered manager also said they had tried to accommodate this person's preferences by using a local Caribbean restaurant.

The manager told us about how people were supported to improve their independent living skills and gave examples of some people who had left the home to live much more independent lives.

We saw in one person's file that their aim was to become more independent and how their support had been arranged in line with their wishes.

We saw staff demonstrated an easy relationship with people living at the home. We saw them having fun together whilst responding to their needs with care and thoughtfulness.

Good

Is the service responsive?

Our findings

We spoke to one person regarding their wishes and preferences to live independently and reviewed this person's care notes which corroborated that the staff had involved them in making decisions and planning with them to meet their longer term goals.

We spoke to one person who told us "I wear my pyjamas all day. When I get dressed, right, I am going somewhere. I choose what I want to wear." We saw that this individual was supported to be comfortable in wearing relaxed clothing, which was their clear preference.

One person told us that they can go to the shop when they want. They just ask the staff and they go with them. They told us that they had been twice since they had been in the home. This meant that staff were responsive to the persons needs.

We spoke to one person who advised us that they like to help people. They told us " I like folding up clothes and putting them in drawers. I like washing up and putting things away in cupboards." The registered manager confirmed with us that this was a role the person has within the home. This showed the person was offered activities meaningful to them and that offer a sense of purpose and wellbeing in their daily life.

One person told us "I am very happy here. I chose purple wall paper for my room and a blue carpet. The handyman put it up for me." This demonstrated that the person's own wishes to have their environment personalised had been supported. This person told us that they are always asked whether they want to go to the shops with the support staff, but that they chose not to go.

We saw from care files that people who used the service had been involved in the assessment of their needs and in the support planning process. We saw that staff had done this in the way most suitable to the needs and abilities of the person concerned. For example, for one person who had difficulty in reading their support plan, it had been recorded how and when the member of staff had discussed the support plan with them. The person concerned had signed to confirm this. Where the support plan had been reviewed the plans read We have reviewed what is written about me and have made the following changes'

We saw that all support plans included the choices and preferences of the individual concerned. We also saw that people were supported to choose which staff members they would like to be their key support workers.

Support plans were all written in the first person with the person's needs, abilities and choices at the centre of the plan. A document entitled 'all about me' in each person's care file gave details of the person's methods of communication, what and who were important to them, what had happened in their lives and what their aims were. Another document entitled 'me, myself and I' gave a pen and pictorial picture of the person's preferred routines, how they liked to engage with people and what their health and sensory abilities were. They also gave details of personal nuances. For example one person's 'me, myself and I' said that people might find it a little strange that they liked to have their bedroom arranged in an unusual way.

We saw that people's interests, hobbies and lifestyle choices were supported and encouraged. For example, one person whose room was decorated in their favourite football teams colours, told us how staff had supported them to go on a tour of the their team's stadium. Another person whose room reflected their interest in London had been on a recent holiday there supported by staff. The manager told us that all of the people who lived at the home were supported to make choices about where they took their holidays and staff were arranged to accompany them.

We saw activities were arranged on an individual basis in line with the person's choices, interests and abilities. For example, we saw two people attended college following courses of their choice.

We also saw some people engaging in a group Christmas sing along and making plans for their Christmas party.

We saw the premises included a sensory room, an arts and crafts room and a small gym. A sign on the gym door informed us the room had been designed by a person who had lived at the home.

A seven seater vehicle and a car were available for taking people out.

We looked at how complaints to the service were managed and responded to. We saw that only two complaints had been received and both had been resolved following the complaints procedure.

Good

Is the service well-led?

Our findings

Staff told us the registered manager was approachable and responsive. We saw the registered manager had good knowledge and understanding about the needs of the people who used the service and told us they often worked shifts as a means of maintaining this level of involvement. We saw people were familiar with the registered manager.

We saw a range of audits which were completed on a weekly, monthly or three monthly basis. These covered areas including the safety and maintenance of the environment, care records, medication and staffing. We saw the provider had started to review the quality of safety using the Care Quality Commissions' five key topic areas. We saw that where areas of improvement had been identified as needed, this had been followed up with appropriate actions.

We saw minutes of meetings with staff and people who used the service and saw that where people had raised concerns or ideas these had been followed up. We also saw that health and safety meetings were held on a three monthly basis.

On the noticeboard in the hallway we saw the results of a recent quality assurance survey completed in August 2014 whereby people who used the service and their friends and relatives had been asked for their opinions. The results had been produced in an easy read format and divided into what people liked, what people didn't like and how people thought the service could be improved. The results of the survey were very positive with little suggestions of improvement. People had said "The staff are decent and I have a lot of respect for them." and "You can sleep and do anything you want."

Records were kept securely and the registered manager was able to provide us with all the records we requested during our inspection.