Helene Care Limited

Valley Road

Inspection report

23 Valley Road
Totton
Southampton
Hampshire
SO40 9FP
Tel: 02380-860687
Website: www.helenecare.com

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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**

Overall summary

Valley Road is registered to provide accommodation and personal care for up to four people with learning disabilities or autistic spectrum disorder. The service is located in a residential area, approximately one mile from the centre of Totton.

Due to people's complex health needs we were only able to obtain verbal feedback of two people on the care and support they received.

We undertook an unannounced inspection of Valley Road on18 and 19 May 2015.

On the day of our visit four people were living at the home.

We observed staff talking with people in a friendly and respectful manner. The service had a person centred culture and staff told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "Everyone works hard to ensure we keep people safe".

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

Summary of findings

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.

Staff understood people's needs and care was provided with kindness and compassion. People were dressed in appropriate clothing and were clean and tidy, as was the home. People were supported to take part in activities they had chosen. These took place both in the home and out in the community. One member of staff said, "We try very hard to ensure the people living here have active and fulfilled lives. We like people to spend as much time away from the home as they can so that they can feel and be part of a wider community".

People were treated with respect and care was based on people's preferences and aimed at supporting people to develop their skills and to be as independent as possible. People appeared to be relaxed and their expressions indicated they were settled and happy

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities. Staff also completed training to ensure the care delivered to people was safe and effective.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person living at the home was currently subject to a DoLS. The manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People could not be assured they would be given their medicines safely because staff were unaware that one person who was in possession of pain relieving medicine that they could take when they needed it. There were no systems in place to protect the person from taking more than was safe for them to take.

Referrals to health care professionals were made quickly when people became unwell. One health care professional told us the staff were responsive to people's changing health needs and that referrals to them were made in a pro-active manner.

People were having their needs assessed and plans of care were in place. These were personalised and took account of each person's individual wishes and preferences. People were supported to access health care services including attending well person clinics and specialist services.

Risks to people were identified however plans were not always in place to ensure the safety of people.

There were robust recruitment procedures in place that involved the people who lived at Valley Road. Staff were supported and trained to ensure they were able to provide care at the required standard to ensure people's needs were met.

We saw that systems were in place to monitor and check the quality of care however procedures in make sure the environment was safe and well maintained were not always completed accurately.

Staff meetings were held where required and actions resulting from these were assigned to named staff to follow up. The manager used team meetings to provide staff with feedback from within the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level.

We have made a recommendation about how the provider can minimise the risk relating to the health and welfare ofpeople using the service. You will find this in the well-led section of this report.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The service was not always safe. Arrangements were not in place to ensure medicines were safely administered.

People were at risk of injury because the home had not taken preventative measures to ensure people's safety.

People and staff knew how to recognise and respond to abuse.

Staffing levels were appropriate to meet people's individual needs.

Appropriate checks were undertaken to ensure staff were of good character.

Is the service effective?

Good

The service was effective. Staff received training and the management they needed to support people competently.

People's freedom and rights were respected by staff who acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect. We received positive comments from relatives and health and social care professionals about the support provided to people living at the home.

There was a warm and friendly atmosphere in the home. People looked very comfortable with the staff supporting them.

Staff worked in a manner which maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences which ensured staff had information that enabled them to provide support in line with their wishes. People were encouraged to share concerns with staff.

People were supported to take part in activities at home and in the community. Staff also helped people living at the home to remain in contact with other people important to them.

There was a system in place to manage complaints.

Is the service well-led?

Requires improvement

The service was not always well-led. The consistency and accuracy of some health and safety checks did not always protect people from avoidable risk.

Summary of findings

There was a positive and open working atmosphere, relatives and health and social care professionals all said they found the management team approachable.

Staff were positive about the leadership and management of the home and felt supported and valued.

Valley Road

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 18 and 19 May 2015 and was unannounced.

The inspection was carried out by one Inspector. This was because this is a small service with people who had profound and complex needs.

Before our inspection we reviewed information we held about the service and provider and we asked the provider to complete 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. We received a PIR form from the provider. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service.

During our visit we spoke with the registered manager, quality improvements manager, two care staff and two people living at Valley Road. Following our inspection we spoke with four relatives, a GP, one health care professional and one care manager from a commissioning authority.

We reviewed two care plans for people, staff duty rosters and two recruitment files. We observed interaction between the people living at the home and care staff. Some people were unable to tell us about their experiences due to complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 21 July 2014 where no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People had care plans in place to give staff guidance on how to manage the risks they faced in everyday living. However in one person's care plan it was noted, "X may attempt to jump out of window. This may result in injury. All windows in use to have restrictors on them to limit the degree to which they can be open". This person's room was located on the first floor and the window opened in excess of 100mm, they were therefore at risk of injury. We also found in another person's room windows that were not restricted and opened in excess of 100mm. Two windows on the first floor landing although fitted with restrictors could also be opened in excess of 100mm. A lack of preventative measures placed people at risk of injury from falls from heights. This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely in a locked cabinet. We checked the medicines for two people and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MAR). There were arrangements in place for the disposal of medicines that were out of date or no longer required. We saw, from the homes training records, staff had received up to date medicines training. However one person who was prescribed 'as required' medication, (PRN) for pain relief also had a quantity of pain relieving tablets in their possession. These had been purchased whilst being supported by staff in the community. There was no self-medicating risk assessment in place or systems for recording when the person had taken the tablets. Staff could therefore not be sure when administering prescribed medicines for pain relief that the person had not also taken additional pain relieving medicine. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were relaxed and at ease in each other's company. It was clear from the chatter and laughter during the day that the home was relaxed. People were able to make choices about what activity they wished to pursue during the day. We saw that when people needed support they turned to staff for assistance without hesitation. One person told us, "Yes I feel safe here. I can talk to X (registered manager) if I am worried about anything. He always has time to sit and listen to me". A relative told us, "This has been a good placement for my son. It's so much better for him feeling he is safe and secure. I have been able to stop worrying about him now I know he is safe and well cared for".

Staff received training in safeguarding adults who were at risk and were required to repeat this on an annual basis. Staff were able to recognise and understand abuse, identify ways to prevent abuse from happening, respond appropriately and make the necessary reports to the manager and external agencies. A Safeguarding Agency Adult Protection Policy documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding alert and detailed contact information about the Care Quality Commission, the local authority, the Police and advocacy agencies. Staff understood the safeguarding policy and were knowledgeable about their responsibilities in reporting abuse.

The service had a whistle blowing policy with contact numbers to report issues. Staff had a good understanding of whistle blowing procedures and felt they could raise any concerns they had with managers and were confident they would be addressed. Staff were very happy working at the service and motivated. They told us, "It's good here", "Everyone is helpful", "and I would challenge bad practice".

If people behaved in a way that could put others at risk, this was managed safely through verbal encouragement, diversion and discussion. Risks to people's health and welfare were assessed prior to admission and at regular intervals to ensure people living at the home could be cared for safely. Management plans were in place for identified risks, such as those relating to weight loss, mobility or specific illnesses. One member of staff told us they managed each person's behaviour differently according to their individual guidelines. They told us that some people liked to listen to music, others preferred going to their rooms or getting some fresh air. These preferences were recorded in their care records. Any incidents or accidents people experienced were recorded and monitored. Actions were taken to minimise the risk of further incidents which could cause harm. Staff understood the importance of recording incidents and taking action to keep people safe.

Arrangements were in place to protect people if there was an emergency. The manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these

Requires improvement

Is the service safe?

were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety.

Staff knew people well including their specific interests, needs and preferences. They interacted with people sensitively, kindly and with good humour which promoted a safe and secure environment.

Staffing levels were suitable for ensuring people were safe and well cared for. We observed that people's needs were met promptly and staff provided care in a patient, compassionate and cheerful manner. Staff told us they worked well as a team and there were enough staff to meet people's needs safely. We looked at the staffing rosters from 1 May 2015 to the day of our inspection. These showed that staffing levels were consistently maintained to meet keep people safe and meet their needs.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk

Good

Is the service effective?

Our findings

We received positive feedback from one care manager from a local authority who commissioned services for one person living at the home. They told us staff supported people appropriately and had a good knowledge base to ensure people' needs were met. They added that recent improvements in the consistency of how people were being supported by regular staff had a positive impact on people living at the home.

People had access to local healthcare services and received ongoing healthcare support from staff at the home. The provider made appropriate referrals when required for advice and support. A visiting GP told us, "The home is very good at calling us in when we are needed. They generally spot any signs before they reach "crisis" point which means the outcomes are better for people. I have no concerns at all about the care and welfare of people living there".

People had unrestricted access to the kitchen and were supported by staff when using hot water to make a drink or when using the toaster. Staff responded to people's individual communication needs and offered support in line with their preferences and assessed needs. For example, we saw staff selecting particular items of crockery for one person, as they knew this was what they wanted. When one person showed anxiety staff immediately offered the support they required, providing reassurance and talking with them.

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home, providing input when planning the menu for the week and helping in preparing dishes. One member of staff told us, "We prepare the meals and we actively encourage people to help if they want to". The daily menu was on display in the kitchen in both written and pictorial format so people would be able to understand the food choices that were available.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person living at the home was currently subject to DoLS. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate and who would be involved. For example, the person, their relatives and social and health care professionals. One member of staff said, "We would need to hold a best interest meeting if a person did not have capacity to make a decision that could put them at risk".

Staff received an induction into their role. Records showed each member of staff had undertaken the providers own comprehensive induction based on the Common Induction Standards (CIS). CIS were replaced in April 2015 and the registered manager told us that induction for new staff would now be based on the 15 standards set out in The Care Certificate.

Staff had regular supervision and appraisal. Supervision and appraisal are processes which measure performance and offer support and learning to help staff development. Supervision records showed the induction programme was discussed and competency checks had been carried out to ensure staff were appropriately skilled to meet people's needs. Staff told us they enjoyed their work and felt the home was "very friendly."

Staff had completed training in areas specific to people's needs. For example, autism awareness, Makaton beginners workshops and effective communication. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. Care workers told us the training was helpful and provided them with confidence to deliver effective compassionate care. One member of staff said, "Communication is a really important issue. Some people living here simply cannot verbalise how they feel. It's so important to us but also them that we can understand what their needs are or how they are feeling".

Good

Is the service caring?

Our findings

Due to the communication needs of the people we were not able to get detailed responses to some of our questions. Interaction between staff and people was caring and staff treated people with respect. For example, staff were seen to knock on people's doors and wait for an answer before they entered. People were also given options and choices by staff on what clothing to wear. Staff treated people with kindness and compassion. The atmosphere in the home was calm and relaxed.

People were pleased and happy with the care provided to them. One person said, "I am very happy living here." They felt that the staff cared for them here and said that they had never had so much independence. Another person told us, "The staff are caring and help me with the things I need in the morning and for going to bed." Staff respected people's choices and worked to develop positive relationships. Staff gave people time so they were not rushed, which could lead to anxiety. A member of staff informed us that they considered this was extremely important to build a relationship with the person.

People lived in single rooms which were clean and contained personal items to make them more homely. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounge and secluded garden area to the rear. Staff understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. For example, personal care was provided in the privacy of people's personal rooms. People who lived at the home were able to spend time in the communal areas or the privacy of their bedrooms.

We contacted one GP after our visit. They told us, "People living there are supported and cared for very well. Their handover of information to us when we need to visit is very clear and concise. This helps us in our support of people and in prescribing what is best for the person".

Staff were able to tell us about the person, their likes and dislikes, personal interests and what was important to them. The information they gave us matched what we had read in peoples care plans. Staff said they got to know people through reading their care plans and speaking with family members. We saw evidence of this by the way staff talked with people, using particular words or phrases to involve them in conversations.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were personalised and reflected people's wishes. People had the opportunity to make their views known about their care, treatment and support through key worker meetings and through pictorial questionnaires. The providers PIR stated, "Our staff are encouraged to empower residents through understanding the importance of using their preferred model of communication as this has a big bearing on how a service user is involved in any decision that affects their care. This includes personal decisions (such as what to eat, what to wear and what time to go to bed for example), and wider decisions about our service. Relatives of people who used the service were involved in their care through regular contact with the key workers and were free to visit the home at any reasonable time.

Staff supported people to maintain relationships with their friends and relatives. One person was supported by staff to go on regular home visits. Another person was supported to attend a family function which had been appreciated by their relatives. One relative told us they could visit when

they liked and their family member phoned them regularly, saying, "There is no limit on when they can call us".

Relatives we spoke with told us they visited the service regularly and found that staff welcomed them. One relative said, "The staff here do a pretty good job on the whole in sometimes difficult and challenging circumstances, it can't be easy. I have no complaints or concern about the care my son receives".

Good

Is the service responsive?

Our findings

People who used the service led active social lives that were individual to their needs. People had their individual needs assessed and consistently met. We saw people leaving the service throughout the day to go shopping or going out for lunch. People were able to take part in individual activities based on their preferences.

Staff told us, "We work around people's needs" and "We speak with family, they can tell us what activities they are interested in". In addition to formal activities, people were able to go to visit family and friends or receive visitors. A relative told us, "I am very impressed with the support my son receives. We are kept well informed of any issues. The home tries to give my son ownership of his life and allow him to be as independent as he can be". Another relative told us, "The home is very forward thinking. They recognise potential and embrace it. It's refreshing to see independence promoted and the home not being a place for containment".

Each person had an assigned key worker who was responsible for reviewing their needs and care records regularly or if their needs changed. Staff told us that they kept people's relatives or people important in their lives, updated through regular telephone calls or when they visited the service.

People were involved in planning their own care where possible and could tell staff if they wanted anything on their plan changed. People's views were noted on their care plans and through 'resident conversation records'. Care plans were reviewed formally every year, and people were invited to attend along with family members or friends if they wished. There were records of when people's reviews had been held and we saw evidence of people's needs assessment being updated on a regular basis or as and when their needs changed. This indicated staff were responsive to changes in people's needs.

Each person had a care plan which detailed the care and support they required and how they would prefer to receive that care and support. Care plans contained information about people's personal preferences and focussed on individual needs. The providers PIR stated, "It incorporates real goals the person wants to achieve and is clear for those supporting them what is expected. It focuses on the choices of the individual and the support to be provided in the most empowering way. These are reviewed regularly to ensure that the person is at the centre of the care they receive".

People had opportunities for activities and social engagements every day. Staff recognised the importance of meaningful activities. People were supported to attend social clubs and other community activities during the day and in the evenings. The registered manager ensured that there were enough staff to accompany people to attend activities in the evenings. Each person had their own activity plan which took account of their ability, preferences and interests. Staff made sure that they took every opportunity to involve those people in external activities when they could.

Care records included risk assessments, support plans, personal care support plans and a health action plan. These were personalised and showed that people and / or their relatives were involved to support people to contribute to them. One relative told us' "I am involved in any review of care for my relative. It's good to know what is going on". Where possible, records included pictures to make them more accessible to people.

The complaints procedure was on display in the home in a pictorial form and was accessible to people and visitors. This detailed how complaints would be dealt with by the organisation and the timescales that the organisation would respond by. At the time of our visit no complaints had been received since our previous inspection in July 2014.

The service encouraged feedback from people and relatives through a number of different ways including key worker meetings and review meetings. The home also displayed how people could contact the local safeguarding authority and the Care Quality Commission if they wished to raise any concerns.

Requires improvement

Is the service well-led?

Our findings

Systems were in place to monitor and review the quality of service being delivered. Staff carried out monthly audits, for example, health and safety, fire safety, water temperature and infection prevention and control. However records we reviewed in respect of window restrictors did not reflect our findings on the day of our inspection. Records indicated window restrictors in two 1st floor rooms and on the landing were fitted and functioning correctly with no issues noted. We found window restrictors fitted to the landing to be non-functioning and in the two rooms not fitted at all. The registered manager therefore could not be sure that risk relating to the health and welfare of service users was properly checked and addressed.

People and their relatives spoke positively of the registered manager and staff and the way the service was run. One person said, "I like it here." Another person said, "The manager is good." Staff spoke positively about the leadership and management style of the registered manager. They said the registered manager was approachable and supportive. One staff member said, "I can talk to the manager at any time for advice or anything to do with the home." We saw people were relaxed and comfortable in the presence of the registered manager and deputy manager.

Relatives we spoke with told us they were happy with the care and support people received. One relative told us the manager was "very good" and had brought "stability" to the home". Another relative told us, "The manager is very good at keeping us "in the loop" with regards to X's care and support. This is certainly the best place he has lived at". A visiting GP told us, "The manager is very good at engaging with us and both he and the staff are certainly sensitive to people's needs".

Staff praised the registered manager for being pro-active and approachable. They told us, "He is always asking what can we do to improve the service", "He supports us well and "He encourages us all the time". Relatives told us, "He is always available to speak to", "Has a good understanding of everyone living there" and "Staff respect him".

Information received from the local authority commissioning team prior to this inspection confirmed

that there were no concerns about how the home was being managed.

We observed the registered manager and staff talking with people throughout the day and walking around the home ensuring people's needs were being met. Visitors were always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the 'visitor's book'. This was used to monitor the whereabouts of people in the event of a fire.

The service had a strong leadership presence and a positive culture. The manager was supportive of staff during the day of our visit, taking time to check that they were alright and that people's support needs were met. Staff were able to carry out their duties effectively, and the registered manager was always available if staff needed any guidance or support. Staff told us that they felt valued and listened to. They said they were encouraged to come up with suggestions and new ideas and these were always welcomed and usually acted upon. Staff felt they were part of a team working together to improve the lives of the people who lived at the home. They also added there was a culture of openness and they would report any concerns or poor practice if they witnessed it. A health care professional told us: "The manager has always been transparent and honest. I find him open to support and I have a very good open working relationship".

Staff meetings were held regularly and we saw that, where required, actions resulting from these were assigned to named staff to follow up. Staff told us they found staff meetings were useful for providing feedback. The manager used team meetings to provide staff with feedback from within the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level.

We recommend the provider seek support and training for staff and management about improving the consistency and accuracy of recording risks. To ensure they have robust strategies to minimise the risk relating to the health and welfare of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. How the regulation was not being met: Care and treatment was not provided in a safe way for service users because the provider had not done all that was reasonably practicable to mitigate any such risk. Regulation 12 (2) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. How the regulation was not being met: Care and treatment was not provided in a safe way for service users because people who use services were not protected against the risks associated with the proper and safe management of medicines Regulation 12 (2) (g).