Helme Hall Limited

Bishop's Way

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bishop's Way is registered to provide accommodation and nursing care for up to a maximum of 15 adults who may have learning disabilities or mental health related needs. On the day of our inspection there were 14 people living at the home. No-one living at the home required nursing care.

The accommodation is arranged mainly at ground floor level with a first floor flat which is used for assisting people towards semi-independent living. Another room had been converted to enable people to work towards independent living. All bedrooms were single and communal areas included a gym area, sensory room, pool table, dining room and communal lounge.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Staff understood how to keep people safe through their knowledge of safeguarding procedures and people's individual risk assessments. Medicines were managed well and people were assisted to take their medicines safely. Sufficient numbers of staff were deployed in order to provide safe care and support to people.

Staff received appropriate training to enable effective care and support to be provided. Ongoing supervision was evident. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Positive relationships between staff and people who lived at Bishop's Way were evident. Staff were respectful and mindful of ensuring people's privacy was respected. People were supported to make their own decisions.

Care plans were person centred and this enabled personalised care and support to be provided. Some people accessed education and training and community amenities were utilised. Appropriate referrals were made to health care professionals when this was appropriate.

Systems and processes for improving the safety and quality of the service were in place and effective. People and staff told us they felt the home was well-led. Staff were clear of their responsibilities.

Further information is in the detailed 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 checked 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 was a comprehensive inspection. The inspection took place on 31 July 2017 and was unannounced. The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home and we gathered information from stakeholders including the local authority. We reviewed the Provider Information Return. 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 spoke with the registered manager, unit manager, clinical manager, a director, a life skills assistant and a team leader. We spoke with six people who lived at the home and a relative of a person who lived at the home. We looked at four people's care records, four staff files and training data, as well as records relating to the management of the service. We looked around the building and saw people's bedrooms, bathrooms and other communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe living at Bishop's Way, although some people felt uncomfortable in the presence of another person who lived at the home. Actions were being taken to address this. When we asked whether people felt safe, comments from people included, "Yes because there's always someone I can talk to," and, "People look after me." A relative told us they felt their family member was, "Safer than they have been for twenty years."

Staff understood safeguarding reporting procedures and demonstrated a good understanding of actions to taken if they felt people were at risk of abuse or harm. The registered manager had made appropriate referrals when there were safeguarding concerns.

Risks to people were assessed and recorded, using recognised risk assessment tools and supplementary personalised information. These were relevant to each individual. Measures were in place to reduce risks, whilst encouraging people to maintain their independence. We observed staff taking actions to reduce risks to people, as outlined in people's care plans. Any accidents or incidents were recorded and we saw appropriate action was taken. These were analysed, which helped to identify any trends in accidents and incidents.

Regular safety checks took place throughout the home, to help ensure premises and equipment were safe. Personal emergency evacuation plans had been developed for each person and we saw a 'grab bag' was in place, which contained useful items that could be easily accessed in an emergency, such as a torch, foil blankets, first aid box and the evacuation plan. This showed plans were in place to help keep people safe in an emergency situation.

Sufficient numbers of staff were deployed to support people safely. Agency staff had been used recently, however we were told all staff vacancies had now been filled and the registered manager was awaiting employment checks prior to new staff commencing. We looked at four staff files and found safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Medicines were managed and administered in a safe way by staff who had been trained to do so. Medication administration records (MARs) were fully completed and staff administered medicines in a kindly manner. Measures were in place to reduce the risk of medication errors, such as protocols for specific types of medicines. Medicines were stored appropriately.

Good

Is the service effective?

Our findings

People told us they felt staff knew them well and staff had the skills and knowledge to support them. A relative told us, "[Name] makes their own decisions and if they can fulfil it staff let them do it, if they fail then they [staff] help them to succeed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for those people who lacked capacity to consent to care and treatment and who were being deprived of their liberty.

Consent to care was sought from people living at the home. This was evidenced through documentation in each person's care file. Where people lacked capacity to consent, decision specific mental capacity assessments had been completed. These demonstrated the principles of the MCA had been followed and clearly showed how decisions had been arrived at.

People received support in order to have their nutrition and hydration needs met. Two people told us they felt the food at the home, "Could be improved." The unit manager explained improvements were ongoing in relation to the quality of food and showed us the most recent shopping receipts. We saw these included fresh produce and we saw plans were underway to improve the quality of food and menu choices. We saw fresh fruit was available throughout the day and people were able to help themselves.

Staff received an induction prior to commencing their role and we saw a probationary review was conducted after three months. Records showed staff received regular supervision and ongoing training in areas such as nutrition, mental health awareness, equality and diversity, food safety, moving and handling, fire safety, safeguarding, medication management and first aid for example.

We saw staff had received training in line with the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Some staff were designated champions with different areas of expertise, such as dignity, moving and handling and infection prevention and control. Staff regularly shared their learning and knowledge with other staff during team meetings. The registered manager told us they felt this was empowering for staff.

Referrals were made to other health care professionals such as GPs, dieticians and psychiatrists for example. This showed people received additional health care support when appropriate.

Good

Is the service caring?

Our findings

We asked people whether staff were caring. One person told us, "The staff are very nice and support me in anything I wish to do." Another person commented, "The staff will take you out wherever you want to go," and, "There is always someone there when you want to talk to them." A relative told us, "For the first time [name] has been treated as a person with an illness [since moving to Bishop's Way]."

People told us they were treated with dignity and respect. We were told, "If I want some privacy, I just tell staff and they respect that."

Staff told us of ways they helped to protect people's privacy and dignity, for example by closing doors and curtains when providing support with personal care.

Staff told us they enjoyed working at the home. A member of staff told us, "I absolutely love it. I should have done this years ago." We were told the best thing was, "The residents. I love them to pieces. If I go home after 12 hours and they have been laughing and smiling I will go home happy."

People's independence was promoted. We saw one person's care plan indicated, '[Name] is supported to wash clothing,' and records showed this support was provided. Another person was supported to grow their own produce. This showed people received support to maintain their independence and life skills.

Some people had received the support of an advocate. An advocate is a person who is able to speak on another person's behalf when they may not be able to do so, or may need assistance in doing so.

End of life care was discussed with people where this was appropriate. One of the end of life care plans we sampled contained very specific detailed information about the person's wishes. This would help to ensure the person's wishes could be followed at the appropriate time.

Equality, diversity and people's cultural and religious needs were considered and respected. We observed a member of staff support a person to choose a film of their choice. The film was culturally appropriate for the person. We saw a member of staff speaking with a person in a language other than English. A staff member told us, "We get to know more about how a person's feeling if we're able to speak with them in their first language." This demonstrated appropriate support was provided in terms of the person's cultural needs.

Good

Is the service responsive?

Our findings

People told us staff knew their needs. One person told us, "The staff are nice and have taken the time to get to know me; they know my likes and dislikes."

We looked at four people's care records. We found care plans contained information to enable staff to provide effective care and support to people and these were reviewed regularly. Care plans included information relating to the person's family history, social life, preferred activities and likes and dislikes. Plans were person centred and included details in the person's own words.

Specific information was included in care plans, which helped care and support staff to provide personalised support to people. For example, in relation to people's communication needs, we saw one care plan indicated how to identify the person was low in mood and the plan provided staff with details of how to appropriately respond to that individual. Care plans were written in a respectful and professional manner.

Care plans included behaviour support plans. These identified types of behaviour, triggers to specific behaviour and the support staff should provide to a person in relation to specific types of behaviour. This helped to ensure staff were able to provide appropriate support to individuals.

We saw hospital passports had been devised for people living at the home. These help to ensure appropriate information, such as people's preferences and how to identify whether a person in is pain, is shared with hospital staff when a person attends or spends time in a hospital.

People were supported to take part in a range of activities. The home contained a small gym with equipment and a pool table. We saw a person playing pool with a member of staff during our inspection and we were told there had recently been a pool tournament. We observed a person had been supported to go to the local shops on the day of our inspection and they showed us their purchase, which had pleased them greatly. Some people had been supported to work or attend further education or vocational courses such as gardening, cooking and art. One person was being supported to grow tomato plants. We were told, "I play pool, scrabble and Monopoly, do gardening at the home, they will pay for plants and it is good for me to be in the garden." We observed a 'wake up and shake up' session during our inspection. This involved physical activity and people were observed to enjoy the session. This showed people were involved in meaningful activities and occupation.

People told us they were able to make their own choices such as when to rise in a morning and when to go to bed.

Complaints were managed and responded to appropriately. We saw complaints forms were in the reception area. People told us they would feel able to complain if the need arose.

Good

Is the service well-led?

Our findings

The home had 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.

The registered manager had an oversight of the home and knew people and staff well. The registered manager was also the registered manager at a different location and there was a unit manager who was involved in the day to day running of the home.

A relative we spoke with told us the registered manager always made time to talk and was never too busy to listen. A staff member said, "The management is consistent."

Members of support staff, the unit manager and the registered manager all told us they felt supported. The registered manager told us they met with the registered provider once a week and had support from other directors. The registered manager told us they did not feel restricted in terms of financial resources.

There was a clear vision for the service with a move towards more therapeutic based support. Different group therapies were being introduced in order to support people with the aim of supporting people to develop their life skills and to enable supported living. This was being led by a clinical manager and the registered provider had employed staff with psychology qualifications in order to help facilitate this. The registered provider had also engaged an advisor to assist with driving improvements at the home.

Regular quality assurance checks and audits took place. The unit manager or registered manager undertook daily quality checks which considered rotas, staff appearance, handover documentation, the environment, whether people were accessing the community and whether documentation was complete. Weekly audits were shared with the directors in relation to occupancy, staffing levels, pressure care and accidents and incidents including near misses for example. Managers' meetings were held monthly and action plans were developed to help to continually improve the home.

Records showed regular resident meetings took place. Staff meetings were held monthly and records showed staff discussed different topics such as nutrition, morale, mental health and dementia. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately.