Helene Care Limited

Valley Road

Inspection report

23 Valley Road
Totton
Southampton
Hampshire
SO40 9FP

Tel: 02380860687
Website: www.helenecare.com

Date of inspection visit:
11 July 2016
12 July 2016

Date of publication:
02 August 2016

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

The inspection took place on the 11 and 12 July 2016 and was unannounced.

Valley Road is registered to provide accommodation and personal care for up to five people. The service does not provide nursing care. At the time of our inspection five people were living at the home. The home provides a service for younger adults who have learning disabilities or autistic spectrum disorder. Accommodation at the home is provided over two floors, which can be accessed using stairs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe and well cared for at the home. Staff knew how to identify abuse and protect people from it. Staff knew the individual needs of the people they supported very well.

The service had carried out risk assessments to ensure that they protected people from harm.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in the home.

There were enough staff deployed to provide the support people needed. People received care from staff that they knew and who knew how they wanted to be supported.

The provider had robust recruitment processes in place to further ensure that people were kept safe.

Staff received training, regular supervision an appraisal to ensure their knowledge and skills up to date and at the required frequency.

Medicines were ordered, stored, administered and disposed of safely.

Staff had developed caring relationships with people who used the service. People were included in decisions about their care.

People who required support to eat or drink received this in a patient and kind way.

Car plans were reflective of the needs of people and contained guidance for staff to manage specific conditions.

Staff had a clear understanding of the visions and values of the service and provided kind and compassionate care.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

People and relatives were asked for their views on the service and their comments were acted on. There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

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 could recognise and knew how to report concerns about people's safety.

There were sufficient numbers of staff available to meet people's individual needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge needed to meet people's specific care needs.

The registered manager and staff we spoke with understood the principles of the Mental Capacity Act which protected the legal and civil rights of people using the service.

People were supported to have sufficient to eat and drink and maintain a balanced diet.

Is the service caring?

Good

The service was caring. People were supported to express their views and make decisions about their care and support.

Staff had developed positive relationships with people who used the service.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure that their social needs were met.

There was a complaints system in place to show that complaints

were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led. Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect.

The provider had systems in place to assess and monitor the quality of the service and these were effective.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

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 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 inspection took place on the 11 and 12 July 2016 and was unannounced. The inspection was carried out by one inspector.

We last inspected this service in May 2015 when we identified two breaches of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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

During our inspection we spoke with the provider, registered manager, three members of staff and two people living at the home. Following our inspection we spoke with one social worker from the local authority and two relatives. We also received written feedback from one social worker in relation to one person who lived at Valley Road.

We looked at the provider's records. These included two people's care records, three staff files, a sample of audits, satisfaction surveys, staff attendance rosters, policies and procedures.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our inspection in May 2015 we identified two breaches in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

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).

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).

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

People who were able to speak with us told us they felt safe, comfortable and happy living at Valley Road. One person said, "I feel safe, I'm alright here". Another person was able to tell us how they liked living at the home and felt very safe. A relative told us, "It's the best place X (person) has lived in. I know he is happy there because when we go out he can't wait to get back there". A social worker told us, "Yes, we believe they have the skill set appropriate for our client's needs". Another social worker told us," By consistently applying best practice and keeping their risk assessments updated and under constant review, it allows X (person) to enjoy a safe & positive quality of life since being in their care".

Staff were aware of how to recognise and protect people from abuse. The home responded to safeguarding concerns and worked with the local authority. They obtained advice from them when appropriate and the registered manager reported safeguarding issues accordingly. Staff had received safeguarding training. Staff were aware of the procedures in place to keep people safe and the levels of concern they needed to report. One staff member said, "We work well as a team and I am confident that collectively we work together to keep people safe. I haven't witnessed any type of abuse but if I did I would have no hesitation in reporting it".

There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required. These included regular checks of the environment, fire safety, gas and electric systems. Staff gave examples of this such as checking the environment for trip hazards and supporting people to access the gardens. One person told us, "They check the home every day. Sometimes I go around with them and they let me help".

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. People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in the home. Staff were familiar with the risks that people presented and knew what steps needed to be taken to protect them from harm. One member of staff told us, "We follow the guidelines that are in people's

care plans to ensure we keep them safe". Another 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.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. We observed staff providing care and one-to-one support at different times during our inspection. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection.

Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. We reviewed two people's medicines administration records. They had been completed accurately with no gaps or omissions. This indicated they had an effective governance system in place to ensure medicines were managed and handled safely. In addition to the homes internal audit process the provider worked with an external pharmacist regularly to ensure medicines were ordered, stored, administered and disposed of safely.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these 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. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety.

Good

Is the service effective?

Our findings

People were supported to maintain their health and welfare and they confirmed they were happy living at Valley Road. One person told us, "It's a good place here, I'm looked after". A relative of a person living at the service told us, "[Person's name] is very happy living there. His last placement wasn't so good but this place has certainly improved his quality of life. Staff are very attentive and keep me posted about everything and anything".

People were supported by staff with appropriate skills and experience. Staff told us they had received the training they needed to care for people and meet their assessed needs. A social worker told us, "Our client has a good range of activities that support their physical and emotional needs". Another social worker told us, "X (person) has a key-worker who supports him consistently and all staff working with him are aware of good observation, recording and reporting procedures within the home again to facilitate a good responsive approach where health issues may arise". A relative told us, "They contact us if anything is wrong, they keep us informed".

New staff had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One person told us, "I feel that my training, induction and on-going support is just what I need to help me do my job to a high standard. I'm in the process of completing my Care Certificate and receive the support and input I need when I need it".

There was an up to date training and development plan for the staff team which enabled the registered manager to monitor training provision and identify any gaps. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency. Staff shared examples of recent training courses such as safeguarding of people at risk and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Staff had received regular one to one supervision, annual appraisal and on-going support from the registered manager regularly over the past 12 months. One member of staff said, "We have supervision very regularly and I really feel supported. The manager's door is always open. If I do have anything I need to talk about or am unsure I can go and talk to him".

People and relatives told us they were involved in decisions about their care and treatment. Consent had been discussed and agreed in a range of areas including receiving medicines and support. Staff were knowledgeable about the importance of obtaining people's consent regarding their care and treatment in other areas of their lives. One person told us, "I always get given a choice about what I want to do. Sometimes I do like to go out in the community and the staff are there for me but they never tell me what to do".

People had been assessed as to the level of capacity they had to make certain decisions. When necessary staff, in conjunction with relatives and health and social care professionals used this information to ensure that decisions were made in people's best interests. One relative told us, "I am invited to regular meetings because my relative does not have the capacity to make decisions for himself. They are always constructive, focussed on the individual and involve people that know X (person) well.

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). At the time of our inspection one person living at the home was subject to a DoLS. The home had submitted a number of applications to the local authority which had yet to be authorised. The registered manager and staff knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The 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. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People had a wide range of healthcare needs. Good links had been developed with the relevant health and social care professionals, and people were being supported to attend appointments at community clinics and hospitals or within the home. Staff had a good understanding of people's healthcare needs. One member of staff told us about a medication change for one person and about the positive impact this had on their medical condition. Daily notes showed that staff recorded and passed on information about a person's health and well-being meaning that staff had information about people's changing needs. Staff were able to tell us of the appropriate action they would take should they be concerned about the healthcare needs of a person they were supporting.

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. Most people needed minimal assistance to eat their lunch but staff were available if help was needed. People appeared relaxed and unhurried and they were able to take their time to eat. Staff monitored people's food and drink intake to ensure they were eating and drinking enough. 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 is what they wanted.

People's rooms were furnished according to people's choices. There were items of personal value on display, such as photographs, memorabilia and other possessions that were important to individuals and represented their interests.

Good

Is the service caring?

Our findings

People told us they were happy living at Valley Road. One person commented, "I enjoy living here, the staff are nice to me". Another told us, "I've lived here a long time and wouldn't want to be anywhere else". We asked one person's social worker about their views of the service. They told us staff were professional and open to looking at ways to maintain the placement of their client. Their overall impression of the service was that staff cared for a complex group of people very well and had a good understanding of their mental health needs. They said that staff facilitated people to live a good quality of life.

People were involved in determining the kind of support they needed to have choice and control over their lives. Staff offered people choices, for example, how they spent their day and what they wanted to eat. One person told us, "I like to go into town to go shopping". Another person told us, "I enjoy going out for a drive to the New Forest", whilst a third person told us, "I like to cook my own dinner sometimes and the staff help me".

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 lounges. 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.

Valley Road is part of the Dignity in care initiative. Dignity in care work focuses on the value of every person as an individual. It means respecting other's views, choices and decisions, not making assumptions about how people want to be treated and working with care and compassion. Dignity in social care ensures individuals who receive care and support are able to make choices about the care they receive. This includes decisions about everyday care need. For example, personal hygiene, meal and drink choices, communication and social interaction.

Staff knew the needs of the people well. This had led to people developing meaningful relationships with them. We observed this throughout the inspection and saw staff treating people kindly and with compassion. Staff were respectful when talking with people, referring to them by their preferred names. Staff spoke discretely about people's personal care needs.

Each person had a designated key worker. (A key worker is a named member of staff who works with the person and acts as a link with their family). One member of staff spoke in detail about the needs of the person they were a key worker for. They had a good knowledge about the person's background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. Staff knew people's communication needs and the methods they used to express themselves. These helped people to become more involved in making choices.

People told us they regularly visited their relatives, or their relatives came to the service. Staff confirmed that people were encouraged to maintain personal relationships and were supported to do this.

There was a genuine sense of fondness and respect between the staff and people. People were laughing and joking with staff. People told us they felt staff were caring. Relatives we spoke to informed us the staff showed a high level of commitment and compassion towards the people they supported. Staff were positive about the people they supported. One member of staff stated, "I really like my job and enjoy working with the people at the home".

People looked well cared for and their preferences in relation to support with personal care was clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people using words such as "Excellent" and "Caring" to describe the staff.

Good

Is the service responsive?

Our findings

People told us they led active lives. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. People undertook activities with the support of staff. These included trips to the shops, bowling and visits to a local park. In the home people were supported with cookery, using a computer, arts and crafts and games and puzzles. For example one person told us, "I have been to see the ponies in the New Forest. It was great fun". Another person told us, "I like going into town to walk around the shops or to go bowling". One person wanted to share pictures of his family with us that were stored on his computer. They told us, "Staff help me to put pictures on this. I'm learning about computers and staff are helping me". Each person had an activity timetable with activities taking place in the home and in the community. People were supported to undertake activities of their choice.

People's needs were assessed, planned and delivered. Care plans we looked at were personalised and reflective of people's needs. They showed that people and their relatives had been involved in the assessment, planning and review of their care needs. Regular reviews were taking place with people's social workers, their family, relevant staff and the registered manager. These meetings reviewed what was working well and any changes in the persons care and support were agreed. Changes in people's needs were being identified and dealt with promptly.

Care plans contained guidance for staff to manage specific health conditions, such as epilepsy, diabetes and mental health needs. Staff were able to clearly describe the content of people's care plans and knew the needs of the people in their care well. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change.

Staff told us there was a number of ways in which information was shared, so that they were kept up to date about changes in people's needs. For example, one member of staff told us that they regularly met with the person they were a key worker for so that they could say what was important to them. Additionally, shift handovers ensured any relevant information was handed over staff coming on to shift. These handovers were documented, including any health issues for staff to refer to.

The home did not have formal residents meetings due to people's communication needs. The registered manager told us, "We have tried to hold meetings but found it difficult to have meaningful constructive meetings of his type. We operate an open door policy where people can discuss anything they want to at any time. These conversations are recorded in a 'resident's conversation record'. We viewed a sample of conversation records and found them to be well structured. Conversations included trips to see friends and relatives, improving the lighting in one person's room, and how for one person an 'autism card' had worked. This card has been developed in consultation with people with autism and their families. The card can be carried by a parent or carer of a person with autism and handed out in difficult situations where they may find communication difficult.

People and their relatives were provided with information if they needed to make a complaint. One person

told us they would speak to any member of staff if they had any concerns at all. A relative told us, "I've not had to make a complaint at all. It never goes that far. If I'm not happy about something I speak to the manager". The registered manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. The complaints log showed the provider had not received any complaints since our previous inspection. The registered manager told us that any complaint would be dealt with swiftly and actions taken to address issues raised and to learn lessons so that the level of service could be improved.

Good

Is the service well-led?

Our findings

Staff spoke confidently about the values of the organisation and how they implemented these into everyday practice. Staff confirmed there was an open and honest culture in the service and they felt able to raise issues of concern with the management team and also make suggestions on how to improve the service when needed. The registered manager told us he operated an "open door" policy and staff confirmed they were available and responded to any issues or concerns they raised.

Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect. The provider's web site states, "Our ethos at Helene Care is to place great value upon person-centred planning, therefore enabling each individual opportunity to develop and reach their full potential. Each and every one in the organisation is constantly reminded that we are here to make a positive contribution and difference to the residents we support rather than just helping them exist. Staff had a clear understanding of these values and we observed staff treating people with respect and dignity throughout the inspection.

Staff spoke of an open culture within the organisation. One member of staff commented, "There is very clear leadership from the top down and we are supported to feed information back with ideas that can develop and improve the service." Documentation showed that staff meetings took place to ensure good communication. Staff confirmed that good practice and lessons learned from events and incidents were also shared at these meetings.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. A quarterly audit was undertaken of all the organisation's specialist residential services and a report produced of the findings. The audit covered resident focus, safety and risk management, clinical governance, staff recruitment, and the financial status of the organisation. Additional audits of infection control, medicines and health and safety matters were also routinely undertaken. An action plan had been developed with the results of the audits and was being used to drive improvement.

Provider visits were undertaken on a monthly basis by senior personnel in the organisation. These showed that the environment, outcomes for people living at Valley Road, food, complaints and safety matters were reviewed. A summary of the visit identified what was working well in the service and where improvements were needed.

We looked at recent staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and any planned improvements.

Incidents and accidents that occurred in the service were audited to identify trends. Action was taken, where required, to minimise identified risks. Additionally, incidents were discussed at people's reviews, and we saw that changes had been made to their care to minimise further incidents occurring. Records showed that the registered manager worked well with the local authority to ensure safeguarding concerns were effectively

managed and that steps were taken to learn from such events.

The provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have had. They sought feedback from people at individual service reviews and from relatives in the form of questionnaires. Informal feedback was obtained via day to day conversations and communication from the staff team.