Helene Care Limited

Helene Lodge

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

This inspection took place on 21 and 22 July 2016 and was unannounced.

Helene Lodge is a care home without nursing for up to six adults with learning disabilities. There were five people living there when we inspected. It is a detached house in a residential area, with a paved garden at the back and a gravelled parking area in front. Accommodation is located on the ground and first floor, which is accessed by stairs. Each person has their own bedroom and some bedrooms have ensuite facilities. Shared facilities include two lounges, a conservatory, a kitchen/dining room and a toilet and bathroom on the first floor.

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.

At our inspection in January 2015, we found breaches of the regulations relating to person centred care, safeguarding people from abuse and improper treatment, cleanliness and infection control, managing medicines, premises and equipment, record keeping, good governance, staff support and staffing levels. Some of these breaches were repeated and we issued two warning notices telling the provider to make improvements to staffing and to their assessment and monitoring of the quality of the service. We also asked the provider to make improvements to the other areas. The service was rated as inadequate in relation to the question 'Is the well led?', as requires improvement with regard to whether the service was safe, effective and responsive and as good in relation to whether the service was caring. At that inspection the service received a rating of requires improvement overall.

At our last inspection in July 2015 to check the provider had acted on the warning notices, we found they had made the required improvements to staffing and to monitoring and assessing the quality of the service.

At this inspection in July 2016, we found that action had been completed to meet the relevant legal requirements.

People benefited from a safe service where staff understood their safeguarding responsibilities. They were protected against the risk of abuse, including financial abuse. The premises were maintained in a clean, safe condition.

People were treated with respect and dignity by staff and their care and support needs were met. People had access to activities they enjoyed at home and in the wider community.

People were involved in decisions about their care and support, and their wishes and preferences were respected. Where people were unable to make decisions about particular aspects of their care, staff

followed the principles of the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards. Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

People were supported to maintain their health and wellbeing. People told us they liked the food and they had a choice of meals. They were encouraged to eat healthily, whilst respecting their preferences, and their weight and body mass index were monitored for unplanned changes and any risk of malnutrition. Healthcare professionals were consulted when there was cause for concern about people's health or health advice was needed, including dietary advice. Medicines were managed safely.

There were sufficient staff on duty. Staff morale was good and staff were supported through training and supervision to perform their roles effectively.

Quality assurance processes were in operation. People, relatives and staff were able to give their views about the service through periodic quality assurance surveys and informal meetings. These were used in developing the service, such as taking steps to make it look more homely. Regular checks and audits were undertaken, and any issues identified were put in order.

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.

There were enough staff on duty to support people safely and effectively.

The premises were clean and kept in good order.

Medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were themselves supported through training and supervision.

People were involved in decisions about their care and support.

People were protected from the risk of poor nutrition and were supported to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were cared for and supported by staff who knew them and understood their wishes and preferences.

People were involved in decisions about life at the service, such as how the home was to be furnished and decorated.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their individual

needs.

People were supported to take part in activities they enjoyed, at home and in the wider community.

People were supported to keep in contact with their families.

Is the service well-led?

Good

The service was well led.

The service had a person-centred, open, inclusive and empowering culture.

People, relatives and staff were confident that they could address queries and concerns with the management team and that appropriate action would be taken.

Quality assurance processes were in operation.

Helene Lodge

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 21 and 22 July 2016 and was unannounced. It was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including notifications of incidents the provider had sent us since our last inspection in July 2015. The provider completed 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.

During our inspection we met and spoke with everyone who lived at Helene Lodge. We also spoke with two relatives, the registered manager, the deputy manager, two other members of staff, the provider's managing director and three visiting health and social care professionals. We observed staff supporting people in communal areas. We looked at three people's care records, including medicines administration records. We also looked at records that related to how the service was managed, including three staff files, and the provider's quality assurance records. We had contact with a further relative following the inspection.

Good

Is the service safe?

Our findings

People told us they felt they or their relative were safe and happy living at the home. We observed that people approached staff with confidence.

People were protected against the risks of financial abuse. At our inspection in January 2015 we found that reasonable steps had not been taken to identify or prevent the possibility of financial abuse. At our inspection in July 2015 we noted that financial record keeping had improved. At this inspection, we found that cash records were audited regularly and records of withdrawals from people's bank accounts were checked. Receipts for expenditure by or on behalf of people were filed with their cash records. Staff checked people's cash balances each time they withdrew or replaced cash. We observed staff check the balances for two people and saw that the amount of cash held tallied with each person's cash records.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff were aware of how to act on concerns that someone could be experiencing abuse, and posters with information about reporting suspected abuse were displayed in the porch, where people could see them, and were available in the office. Safeguarding was regularly discussed at staff meetings.

People were protected against hazards associated with the building and garden. At our inspection in January 2015 we found that inadequate maintenance of the building and surrounding grounds did not protect people against the risks associated with unsafe premises. Repairs and maintenance had not been attended to promptly. Some light fittings were broken, hot water temperatures were above safe limits but no action had been taken to address this, slippery moss and dead leaves had accumulated in the back garden and the radiator in one person's room was not working. When we inspected in July 2015, we found that maintenance was being undertaken regularly, the back garden had been cleared and hot water temperature regulators had been installed to ensure hot water taps operated at a safe temperature. At this inspection, we found that the premises were maintained in a safe condition. Broken light fittings had been replaced, garden maintenance was being undertaken and a suitable heater had been installed in the person's room where the radiator was not working. The person told us they found their room comfortable.

Appropriate standards of cleanliness and hygiene were maintained. At our inspection in July 2015, we found that people had not been protected against the risks of infection. Some areas of the house were not kept clean, handwashing facilities were not available in the first floor bathroom and there was a tear in the bathroom floor covering. The infection control policy did not contain sufficient information to adhere to the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections. At this inspection, we saw that the bathroom flooring had been replaced and handwashing facilities made available in the bathroom, and that a person who needed support to keep their room and bathroom clean now had this. They were supported to clean their room during the inspection and confirmed they got the support they needed to keep on top of this. The infection prevention and control policy had been amended to include the required information.

Peoples' medicines were managed and administered safely. At our inspection in January 2015, we found

that medicines were not stored securely, that staff did not always have written guidelines for the use of 'as necessary' (PRN) medicines, and that some handwritten instructions on medicines administration records (MAR) had not been checked and countersigned. By the time of this inspection, a secure, purpose-built medicines storage cabinet had been installed and there were lockable facilities for storing refrigerated medicines. Where people were prescribed PRN medicines, there were care plans in place that contained clear instructions regarding signs the medicine might be required, when to administer it, the minimum interval between doses and the maximum dose in 24 hours. Most MAR were pre-printed by the pharmacy. One person's MAR contained some handwritten instructions for medicines that had been prescribed after the current MAR had started. These were correctly recorded, but had not been countersigned.

We recommend that handwritten instructions on MAR are always checked and countersigned by another member of staff, to ensure they are correct.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Staff recorded accidents or incidents on forms that were reviewed by the manager or deputy manager to check for any further actions that were needed to ensure people's safety. From time to time, the registered manager reviewed the forms for each person to look for developing trends that might suggests further actions that would help to keep them safe.

Risks to people's personal safety had been assessed and plans were in place to manage or reduce any issues that were identified. For example, some people were living with epilepsy and their health could be at risk when they had seizures if they did not have the right support. They had clearly labelled epilepsy protocols which were stored in a place where it was easy for staff to find them in an emergency. The protocols gave clear details about how staff would recognise different types of seizure and the action they should take. Seizures were recorded and emergency medical attention had been sought if seizures went on longer than a defined time limit. No-one needed special 'rescue' medicines for their epilepsy but someone had a PRN medicine prescribed and this had been given in accordance with their epilepsy protocol. Where people needed special equipment to help keep them safe during seizures, this was used.

There were sufficient staff to meet people's care and support needs. At our inspection in January 2015 this had not been the case and we had told the provider to make improvements to staffing by 29 May 2015. When we returned in July 2015 we saw that action had been taken to ensure there were sufficient staff on duty and that the regulations concerning staffing were met. However, there remained vacancies for staff. At this inspection in July 2016, staffing was still sufficient to meet people's needs safely and the service was fully staffed with no vacancies. The staff on duty other than the registered manager had been recruited since the last inspection. There were two staff on duty mornings and evenings and during the day at weekends. People confirmed they were able to take part in individual activities out and about as well as at home.

The service followed safe recruitment practices. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Criminal records checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work in a care setting. A new member of staff confirmed they had started work only after references and a DBS check had been received.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "They keep me smiling" and "very good staff". A relative told us, "You can just see that [person] is happy".

At our inspection in January 2015 we found that staff were not adequately supported through regular supervision meetings with their line manager. At this inspection in July 2016 we found that people were supported by staff who themselves were supported through supervisions with their line manager. This enabled them to discuss any training needs they had or concerns and queries about their work. Staff told us they felt supported through supervision meetings and informally by the management team.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff confirmed they had the training they needed when they started working at the home and training records showed that staff training was in date. Staff completed online training that included safeguarding adults, fire safety, food hygiene, epilepsy awareness, the Mental Capacity Act 2005, medication and moving and handling. Some staff had done additional training in nutrition and diet, confidentiality and person-centred care. Staff were supported to work towards qualifications appropriate to their role, including the Care Certificate for staff who were new to care.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. 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 can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People, and where appropriate their relatives, were involved as far as possible in care planning and people's consent, where they were able to give this, was sought to confirm they agreed with the care and support provided. For example, care plans had been discussed with people and their comments had been recorded. Some people had signed easy-to-read consent forms in relation to having their photograph taken. The registered manager ensured where someone lacked capacity to give consent to particular aspects of their care, a best interest assessment was carried out.

The registered manager had identified a number of people who they believed were being deprived of their

liberty. They had made DoLS applications to the supervisory body.

People told us they liked the food and were able to make choices about what they had to eat. For example, someone told us, "The food is excellent. We always have a choice". We observed people choosing what they would have for their evening meal. The deputy manager explained that menus were devised in consultation with people. Shopping was done online and people were involved in deciding what would be purchased.

People were referred appropriately to a dietitian if staff had concerns about their nutrition. People told us proudly how they had lost some weight and felt better for it. The deputy manager explained that people had been supported to eat more healthily since the last inspection. Body mass index and risk of malnutrition were monitored at least monthly and action was taken to address unplanned weight changes. Monitoring had shown that one person was underweight. Staff had referred this to the person's GP; a dietitian had been involved to advise about a nourishing diet and prescribe high calorie food supplements. The person was now gaining weight.

People were supported to maintain their health and wellbeing. Each person had a health action plan that described the support they needed to stay healthy. People had routine appointments with dentists and dental hygienists, opticians and chiropodists. Their health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Health and social care professionals told us that the service made referrals when they needed to, kept them informed of important changes and acted on their advice. When we arrived on the first day, a person was experiencing a flare-up of a health condition and needed urgent medical advice. Staff had recognised the signs of concerns and had acted on this promptly; the person had a hospital appointment that afternoon. People accessed age-related health screening if they wished or this was in their best interests. For example, a community learning disability nurse had been involved to assess whether a person was able to consent to their health screening and to support them to understand what would happen.

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring. One person said, "I get a lot of love and attention. I could take my hat off to any of them [staff]". Someone else said, "It's very nice here. We all make friends together".

Staff showed concern for people's wellbeing in a caring and meaningful way, and responded to people's needs quickly. For example, during the inspection someone had some worries and was asking staff a lot of questions. Staff responded in a kind and polite manner, listening to what the person said and giving answers that were meaningful to them.

People received care and support from staff who had got to know them well. People's records included information about them as a person and their likes and dislikes. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff were conscious of the need to promote people's independence and respect their preferences. For example, a staff member told us, "At the end of the day our job is to promote independence and to help them [people using the service] to be as 'out there' as we would be'.

People were supported to express their views and be involved in decisions about their care and support. People's bedrooms were personalised and decorated to their taste. With support from a member of staff, someone told us how they were choosing new bedroom furniture. We had observed at previous inspections that communal areas looked sparse rather than homely. The registered manager explained how staff had chosen and put up a large black, yellow and red picture in the lounge to try and make it look brighter. However, people stopped using the room as often and told staff that they did not like the picture. The registered manager commented on how the choice of picture had not been person centred, saying, "I realise it shouldn't have been our choice". The picture was removed and the registered manager and deputy were in the process of finding out how people would like the lounge to be decorated. This was taking time as people had divergent tastes and wanted different sorts of pictures. People went out with staff at the weekends to look at pictures and get ideas for the sort of thing they might like in their lounge. Some soft furnishings had already been purchased in consultation with people.

People were also involved in choices about activities at the house. They took it in turns each week to throw magnetic darts at a world map. The country where the dart landed was used as a basis for a weekly theme night, where decorations were put up and food associated with that country was served. Some people enjoyed creative activities and spent time during the week making pictures and decorations ready for the theme night.

People's privacy and dignity was respected by staff. People were given their own post to open and staff supported them to read it if necessary. One person had made a 'do not disturb' sign for their door, which they used during the inspection and which people and staff respected. This person was particularly sensitive about their private space and staff checked with them that they would be happy for us to see their room and bathroom. Staff were clearly conscious of people's privacy and knocked on doors and waited to be invited in

before entering their rooms. Staff prompted and supported people discreetly when they needed to attend to personal matters such as going to the toilet. Care plans promoted dignity, such as instructing staff to remind a person to shut the door when they used the bathroom. Staff spoke about people, with us and with each other, in a respectful manner that valued them as adults. At no point during the inspection did we see anyone's dignity being compromised.

Good

Is the service responsive?

Our findings

People and their relatives told us their support needs were met. Someone said, "I'm always supported" and talked about how staff had helped them to find a way to relax through creative pastimes. Another person told us how they had "lots to do". A relative told us they were "happy with the care [person] gets" and that the one-to-one time the person needed was now provided.

At our inspection in January 2015 we found that the planning and delivery of care did not always meet people's individual needs or ensure their safety and welfare. Care plans had not all been sufficiently detailed and did not always reflect professional advice. They were not regularly reviewed. At this inspection, we found action had been taken to ensure people's care was planned, delivered and reviewed so their needs were met effectively and safely.

Care plans were personalised, reflecting the person's individual needs and preferences. People's files contained information about their likes and dislikes. Care records also contained details of people who should be consulted in decisions about their care, such as family members and health and social care professionals who were involved. Care plans covered areas where people needed support, such as morning and evening routines, personal care, nutrition, health, medication and finance. They stated clearly what people were able to do for themselves. People's care records contained 'hospital communication passports', which were a summary of what hospital staff would need to know about the person, including their care needs, if the person were admitted to hospital.

People's needs and care plans were reviewed most months and as needed, and were kept up to date. People and their relatives were involved in developing and reviewing their care plans. People met with staff regularly to discuss their care and support. There were also larger person-centred reviews once or twice a year, where people and those important to them met to discuss their care. One person's review took place during the inspection and was attended by the person, a family member and key professionals currently involved in their care, as well as the registered manager and their deputy.

Where people's needs appeared to be changing, the service had worked with health and social care professionals to understand what might be happening and put plans in place to meet the person's needs. For example, a person's behaviour had changed which had caused concern to those around them. Staff had consulted the community learning disability team, who were in the process of making more detailed assessments and would shortly be giving advice on practical measures to meet the new needs that had been identified.

People got the support they needed from staff who understood their care plans. For example, a person was able to keep their room and bathroom clean with staff support but sometimes found this overwhelming. During the inspection they were supported to get the materials and equipment they needed to clean their bathroom and they showed us their bathroom while they were cleaning it. With staff support, the person also chose to do some cleaning in communal areas.

People told us about the individual activities they took part in at home and in the wider community. For example, a person liked horses but didn't want to go riding. They enjoyed going regularly to a riding stables to groom and care for a particular pony. They did this on the second day of our inspection and beforehand talked with staff about how they were looking forward to it. The registered manager explained that the service had replaced its minibus with a small car, so people could go out individually with staff on their choice of outing, rather than on a group trip. Care records contained details of people being supported to access outside activities at weekends. During the inspection someone received an invitation to an evening disco; the deputy manager asked them if they would like to go and reassured them that they would be able to. Some people enjoyed making things and were supported to do craft activities at home, such as people who were interested in fairies making decorative fairy houses for the garden.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People went to visit their families and were also supported to speak with them on the telephone, as one person did during the inspection. One person particularly enjoyed using their tablet computer and used this for video calls with their family.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There were two complaints on file since our last inspection in June 2015. People had approached staff to tell them about particular things they were not happy with. Both complaints had been followed up thoroughly and resolved quickly, with action taken to avoid a repetition. People expressed confidence that they could talk to the registered manager or their deputy if they were unhappy with some aspect of their care.

Good

Is the service well-led?

Our findings

Relatives commented favourably about how the service was managed. For example, a relative said, "I know I can contact [registered manager or deputy] at any time if there's anything I want to know or am concerned about".

At our inspection in January 2015 we found continuing shortfalls in the provider's quality assurance and risk management systems. These had not identified breaches in the regulations relating to care and welfare, safeguarding, infection prevention and control, medicines management, the safety of the premises, supporting staff, and record keeping. Risks to people's health, safety and welfare had not been acted upon. Audits that were undertaken were not always robust. We told the provider to take action to ensure they had satisfactory quality assurance and risk management systems by 29 May 2015. When we returned in July 2015 to check this, we found action had been taken to meet the regulations in relation to assessing and monitoring the quality of the service.

At this inspection, effective quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. There were regular daily and weekly checks, such as daily drugs fridge temperature checks, daily hot water temperature checks, weekly medicines audits and fire equipment checks. There were also monthly and periodic audits, such as a monthly kitchen audit, monthly audits of residents' finances, periodic infection control audits, and occasional observations of staff competencies. The deputy manager and registered manager did regular walk rounds of the premises, ensuring any repairs that were needed were listed in the maintenance book and were attended to. The registered manager produced a management and risk report every month or so, which covered staffing, training, accidents and incidents, the environment and maintenance and care. Where any shortfalls were identified action was taken to remedy them.

At our inspection in January 2015 we also found that records were not stored securely, with people's and staff's personal information being stored on open shelving in a sometimes unattended office with an unlocked door. By the time of this inspection, a keypad lock had been installed on the office door and personal information was stored in locked cabinets.

People and those important to them had opportunities to feed back their views about the home and quality of the service they received. A quality assurance survey had recently been undertaken with people, their relatives and staff. The results were yet to be collated, but the individual responses were broadly positive and the registered manager had reviewed them and had acted on them as necessary. People's experiences of care were also monitored through house meetings and regular reviews with their key worker. For example, one person had discussed at their review when the building work that was ongoing at the time would be finished. Staff views were obtained through staff meetings, as well as informal discussions and staff supervision.

The culture at the service was person-centred, open, inclusive and empowering. People and staff described the service as having a homely, family feel, with the people living there caring about and supporting each

other. People knew each other well, having lived at Helene Lodge for many years. The owner of the provider company visited the service during the inspection and he and people greeted each other by name and spent time chatting. Staff told us that morale was good and that their colleagues, including the managers, were friendly and supportive.

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.

There had been no significant events since the last inspection in July 2015, such as serious injuries or allegations of abuse, that needed to be notified to CQC. We use this information to monitor services and ensure they respond appropriately to keep people safe. The registered manager said they would submit notifications regarding applications for DoLS authorisations once they had received the formal confirmation that deprivations of liberty had been authorised.

People and staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately. A member of staff commented that the registered manager and owner of the company were very supportive and would respond straight away if there were any problems. Staff were aware of how to blow the whistle, both within the provider's organisation and to outside agencies.