

# Helme Hall Limited

# Bishop's Way

## Inspection report

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Date of inspection visit:  
27 February 2020  
28 February 2020

Date of publication:  
23 April 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bishop's Way is a care home providing accommodation and personal care to 14 people at the time of the inspection. The service accommodates up to 15 people living with learning disabilities or mental health related needs in one building.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service

The outcomes for people did not fully reflect the principles and values of Registering the Right Support as people had limited inclusion. People using the service did not always receive planned and co-ordinated person-centred support that was appropriate and inclusive for them. For example, people did not always receive person-centred support with their activities. We received mixed feedback about activities within the home; some people felt there were activities to engage with, whilst other people told us activities displayed on the activity board were not always offered. Activities displayed on an activity board does not support the principle of meaningful lives that include control, choice and independence. Meaningful activity was not always provided and people did not receive their one to one commissioned hour's.

There was a lack of accessible information displayed in the service to inform the people who lived there. For example, easy read versions of the provider's complaints policy or safeguarding policy was not on display or readily available. We have made a recommendation about the provider considering best practice in relation to the Accessible Information Standard (AIS).

Governance systems required improvement and records were poorly maintained. Audit systems were not robust, they did not always identify the issues we found during the inspection, and where they did, enough action was not taken to resolve the issue.

The service lacked personalisation in particular to people's bedrooms. The manager told us they were in the process of asking people how they would like their rooms decorated. We also found there was a lack of signs to identify communal areas and doors. We have made a recommendation about the provider considering signage for communal areas to ensure the premises meets the needs of people who lived there.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse. Medicines were managed safely.

People were supported to express their views about their care. People's independence was promoted. Staff gave us examples about how they involved people doing certain aspects of their day to day activities which supported them to maintain their independence. Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people.

Staff felt valued and supported by the management team. The service worked in partnership with other to meet the needs of people. The manager demonstrated how they worked in partnership with local hospitals, the local authority, safeguarding teams and other healthcare professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 04 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance and person-centred care at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not well-led.

Details are in our well-led findings below.

# Bishop's Way

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on day one. One inspector and an assistant inspector completed the inspection on day two.

#### Service and service type

Bishop's Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The manager running the home had applied for their registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the manager, quality lead, occupational therapy assistant, positive behavioural therapist, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at ongoing action plans and maintenance certificates.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "I like being here, I am happy here and I am safe" and "Yes (I feel safe)." Relatives also told us they felt people were safe living in the service.
- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. One staff member said, "I would report any concerns to the manager as soon as anything was identified. I may be required to also do a witness statement."

Using medicines safely

- Medicines were managed safely, people received their medicines in a safe way and systems ensured timely administration of medicines. A relative told us, "If there have been any problems, such as [person's] medication hasn't worked. They [staff] have always sorted it."
- We observed people receiving medicines in line with their care plan. Senior staff were responsible for administering medicines and they had to undertake training and competency checks before they could administer medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed as part of their care plan reviews, or when needs changed. People had personal emergency evacuation plans (PEEPs) in place, which provided guidance to staff regarding the level of support that people would require to evacuate from the service.
- Accidents and incidents were recorded and managed effectively. An analysis was done monthly to look at trends and the manager took appropriate action to reduce the risk of reoccurrence. For example, a person who had an increase in falls was referred to the falls team. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. Learning was also shared amongst the team.

Preventing and controlling infection

- The provider had good systems in place to prevent and control the risk of infection. The service was visibly clean and infection control audits took place. Staff encouraged and supported people to tidy and maintain their own rooms. A relative told us, "I've actually been to the place and it's clean."
- Staff were provided with training relating to infection prevention and control. Staff were aware of infection control procedures and had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

## Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work. The service used a mixture of permanent staff and regular agency staff.
- There were enough staff to support people. During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had systems in place to monitor staffing levels. Relatives and staff said they thought there were enough staff on duty to meet people's needs. A visiting relative told us, "There is always enough staff when I visit and someone is there to help you."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs.
- Staff provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included daily preferences. For example, people's care plans contained a section on rest and relaxation which detailed people's sleep routines and patterns.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. Staff told us, "MCA ensures people have the ability to make a decision and understand the topic. For example, consent to care. People can have a mental capacity assessment and best interest decisions if they lack capacity (to consent to care)."
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed. We saw staff worked in accordance to people's best interest decisions. A staff member told us, "When DoLS are in place, we support people with the emotional impact (of a DoLS being in place)."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other agencies to maximise the support people received. For example, people were supported with their oral healthcare and had been referred to dentists for regular check-ups.

Relatives told us they were kept informed of changes to people's health and well-being. Their comments included, "Yes, they [staff] always keep me informed" and "They [staff] always update me with any health concerns."

- Information was available to other agencies if people needed to access other services such as GPs, health services and social services. Health passports and 'get checked out' checklists (documentation that details people's health needs and contains other useful information) were used.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met. People's religious diets, likes and dislikes were recorded in their care plans. People were involved in menu planning and we saw these displayed in the dining room. Options of food and drink was available for each meal. We observed staff asking people what they would like to eat and drink for their meals.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. Staff told us they undertook shadowing with the more experienced staff carrying out care tasks until they felt confident to work alone. Staff also received regular supervisions and observations were carried out to ensure staff were competent. One staff member told us, "The training has given me the skills and confidence for my role."

Adapting service, design, decoration to meet people's needs

- The service was purpose built and provided people with choices about where they could spend their time. We observed a relaxed atmosphere throughout the service and saw people making use of all the communal areas.
- The service lacked personalisation in particular to people's bedrooms. The manager told us they were in the process of asking people how they would like their rooms decorated. We also found there was a lack of signs to identify communal areas and doors.

We recommend the provider considers signage for communal areas to ensure the premises meets the needs of people who live there.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about care were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. Staff told us, "It's very much about people having a choice, in what they do, what they eat, what activities they do. People have a choice in who their keyworker's are, the keyworker will then often support that person in the community."
- People and their relatives (where appropriate) were involved in their care planning, which was reviewed at regular intervals or when people's needs changed. Relatives told us, "I am involved in [person's] care and we just had two reviews recently."
- People were supported to express their views about their care. Advocacy information was displayed for people and the service had built connections with advocacy organisations. Advocacy is a process for supporting people to express their views and concerns.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity. People's cultural and religious needs had been identified in their care records. Staff had a good understanding of how to meet people's diverse needs. One staff member told us, "[Person] is a [name of religion] and wanted to go to [place of worship] but we can't due their behaviours so we asked [place of worship] to visit [person] every Friday to do a prayer with them. We are still awaiting a reply. There are cultural and religious festivals and we make sure they are celebrated so nobody feels excluded."
- Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people. People told us, "I like them [staff]. They are good and kind" and "I love the carers."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. We observed staff knocking on doors before entering people's bedrooms. We heard staff offering people reassurance and explaining what they were supporting with. A relative told us, "Privacy and dignity is definitely maintained."
- People's independence was promoted. Staff gave us examples about how they involved people doing certain aspects of their day to day activities which supported them to maintain their independence. Staff told us, "We always encourage people. For example, one person has capacity and is able to go out by themselves and we encourage this. We encourage people to help with the evening meals, to walk (where able) and make their own beds." A relative added, "Staff encourage [person] to be independent. They need to be watched and staff supervise."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Meaningful activity was not always provided to people. Activity records showed people were not always offered daily activities. One to one activities were limited and activities were not always provided in line with people's interests.
- We received mixed feedback about activities within the home. Some people felt there were activities to engage with, whilst other people told us activities displayed on the activity board were not always offered. Activity records were poorly maintained and had gaps in the recording of people's activities.
- People did not receive their one to one commissioned hours. We looked at four people's one to one activity logs and found all four people did not regularly receive their daily or weekly one to one commissioned support.

The provider failed to ensure person-centred care was provided in relation to meaningful activities for people and their commissioned one to one support hours. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager understood improvement was required around person-centred support with people's activities and one to one support. They reassured us this would be addressed.

- Detailed care plans had been completed which considered people's needs, wishes and preferences. The care plans provided guidance for staff about how best to support people. However, as described above, people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person's specific communication needs were detailed in their care records. Staff told us how they communicated with people in different ways. One staff member said, "[Person] has picture cards that are available, their communication is variable although they will sometimes use speech. Staff respond to however [person] wants to communicate and who they want to be supported by."
- The manager was aware of the AIS and told us information can be provided in alternative formats upon request. However, there was a lack of accessible information displayed in the service to inform the people

who lived there. For example, easy read versions of the provider's complaints policy or safeguarding policy was not on display or readily available.

We recommend the provider considers best practice in relation to the AIS.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since the last inspection. There was a complaints policy and procedure. Relatives told us they were able to raise their concerns. A relative said, "I have no complaints, I know how to complain, I would go to the manager ."

End of life care and support

- The service did not routinely provide end of life care. There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Those people who chose to make their end of life wishes known had the option to document this in their care files. The manager told us staff were in the process of receiving end of life training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records were poorly maintained. The provider had various documentation in relation to people's needs and progress which required completing on a daily basis. For example, handover notes, daily notes, activity logs and one to one logs. Daily information was regularly missing on these records.
- Audit systems were not robust, they did not always identify the issues we found during the inspection, and where they did, enough action was not taken to resolve the issue. For example, an audit by the regional manager took place in October 2019 and identified people's daily notes lacked information. A team meeting took place to address the concerns, however the same discrepancies were found during the inspection and a robust audit process was not considered to tackle the issue.
- Governance systems required improvement. The manager told us the provider visited on a monthly basis and conducted a walkaround, however there were no documentation or audit processes in place for this. There was also a lack of audit processes to look at the quality of records. For example, no audit tools were in place for, activity logs, one to one logs, handover notes and daily notes.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post during the time of the inspection. However, a manager had been appointed and they had submitted their application for registration to the CQC.
- Staff felt valued and supported by the management team. Staff told us, "When I need some help with certain stuff, they [management] are always there to help me. They have been improving since I started working here", and "[Manager] is lovely. I can go to them with any problem and they support me. [Manager] is very approachable and constantly interacts with the service users."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was not always promoted. The provider's service user guide and statement of purpose promoted best practise in person-centred care, however this was not always carried through in relation to meaningful activities (as discussed in the responsive domain).
- People and their relatives told us the staff knew people well. We observed staff providing person-centred

care with day to day tasks. A relative told us, "The staff are very good. They know [person] and their needs. [Person] can have tantrums and staff cope with that very well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found statutory notifications were submitted as required. At this inspection we saw the rating from our last inspection was displayed in the building and on the provider's website. The manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved with the service. Residents, relatives, professionals and staff surveys were recently completed, and the service was in the process of analysing the results. Meetings with people also took place where people had the opportunity to be involved and express their thoughts. Regular staff meetings were also held.
- The service worked in partnership with others to meet the needs of people. The manager demonstrated how they worked in partnership with local hospitals, the local authority, safeguarding teams and other healthcare professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure person-centred care was provided in relation to meaningful activities for people and their commissioned one to one support hours.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated robust systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. They had not maintained accurate and complete records.</p>