Helme Hall Limited

Living Well Street and Tom Wroe Unit

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

Living Well Street and Tom Wroe Unit is registered to provide residential care for up to 46 older people. The home is set over three floors with Living Well Street as a dedicated floor for people living with dementia. Huddersfield Adult Memory Disorder Unit (HAMDU) and Tom Wroe Unit provide care for people living with complex mental health needs.

On the day of this inspection the registered manager was not on site.

At the last inspection, the service was rated as Good. At this inspection we found the service remained Good.

People and their relatives told us they felt safe living at this service as they were well supported and their health care needs were met.

Recruitment practices were thorough to ensure staff had the suitable characteristics and background to provide care at this service.

There were sufficient numbers of suitably qualified and competent staff to meet people's care needs. Staff received support through an ongoing programme of mandatory and specialist training as well as formal supervision.

People's dietary needs were well managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

It was evident from our discussions with staff they had an in-depth knowledge of people's care and support needs.

Care plans were person-centred and focused on a therapy led model of care. A team of psychologists supported the care staff to provide safe and effective care for people. Staff respected people's privacy and dignity as well as their equality, diversity and human rights.

Quality assurance systems were found to be effective and were used to continuously improve the service. People were able to feedback regarding the service and the registered provider made changes as required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Living Well Street and Tom Wroe Unit

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 8 August 2017 and was unannounced. The inspection team consisted of one adult social care inspector, an inspector from primary medical services, a specialist advisor with a background in nursing, and an expert by experience with a background in care for older people.

Before the inspection, the provider had 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.

At the time of this inspection there were 18 people living at Living Well Street, Huddersfield Adult Memory Disorder Unit and Tom Wroe Unit. We spoke with eight people who used the service and two visiting relatives. We also spoke with the director of care, the operations director, the lead psychologist, three unit managers and three other members of staff. We reviewed documents and records that related to people's care and support and the management of the service. We looked at four people's care plans.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also reviewed information we had received from third parties and other agencies, including the safeguarding and commissioning teams of the local authority as well as Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

Good

Is the service safe?

Our findings

Before this inspection we received information of concern regarding staffing levels and people being woken early as there were not enough staff. We started this inspection at 6.30am and found this was not the case as only one person was awake at this time which was their choice. People were supported by staff to get ready at times which suited their personal preference.

People and their relatives we spoke with told us there were sufficient numbers of staff to meet people's needs. One relative told us, "They never seem to be short staffed." The registered provider used a tool to identify staffing levels which they reviewed on a regular basis. We saw there were sufficient numbers of suitably deployed staff throughout the inspection.

People and their relatives who we spoke consistently told us they felt safe with the service provided. One person told us, "If I was worried about something, I would speak to [the unit manager]." Staff were able to recognise signs of abuse and knew how to report this as they had received safeguarding training. One staff member said, "I've never worked in anywhere so proactive in safeguarding."

The registered provider had carried out fire safety checks such as weekly fire alarm tests and fire drills. All staff had received fire safety training and personal emergency evacuation plans were available for staff to refer to in the event of a fire. Regular maintenance checks had been completed and relevant certificates were found to be up to date.

We found medicines were safely managed, although the protocol for the use of one person's 'as required' hydrocortisone required amendment. This was subsequently updated on the day of this inspection. We checked stock held and found this matched the recording on medicine administration records (MARs). We found there were no gaps in the recording of the administration of medicines. Medicines were stored safely and room and fridge temperatures showed they were stored appropriately. Controlled drugs, which are medicines liable to misuse, were well managed. Staff responsible for administering medicines had received relevant training and had their competency checked. People told us they received their medicines as prescribed.

Individual risks to people had been identified, assessed and reviewed. We saw detailed recording around people's behavioural needs and found this information was reviewed by the psychology team who gave care staff advice as necessary. Staff then used a positive behaviour plan set out by psychologists. Where people had specific behavioural support needs, this was risk assessed and clear directions were in place for staff on how to support the person in the least restrictive way.

Recruitment procedures were found to be robust as the registered provider carried out interviews over several stages to ensure prospective staff shared the attitudes and values of the service. Relevant background checks were completed to ensure staff were safe to work with vulnerable adults.

Good

Is the service effective?

Our findings

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 that 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).

Staff had received MCA training and we observed people were supported by staff to make decisions throughout this inspection. People told us they were given choice by staff and were able to make decisions about their care. One person told us, "Yes they know how to look after me and I am offered a choice of what to eat and drink."

We found the registered provider had continued to complete decision specific mental capacity assessments in the care plans we looked at. These assessments clearly recorded where people had fluctuating capacity. We found DoLS applications and authorisations were in place where needed. We found consent to treatment was recorded appropriately in people's care plans. Best interest decisions were made in consultation with relevant individuals and were well recorded.

People and their relatives told us staff knew how to provide safe and effective care. We saw staff completed a robust induction and went on to complete a programme of mandatory training. Records showed staff training was up to date. We saw specialist training was provided for staff relating to the needs of people living at this service. For example, positive behavioural support, understanding behaviour, and dementia care. Staff were enrolled by the registered provider on National Vocational Qualifications (NVQs). This meant the registered provider supported staff in their professional development. Records showed staff also received ongoing support through supervision which staff told us was a two way conversation.

The home had been awarded a 'Healthy Choice Award,' by Kirklees Council for being committed to good standards of food hygiene and healthy food options. We observed the mealtime experience and found this was well managed. Where people needed individual assistance with their meals, they were supported by staff who communicated with them throughout. People were offered choice and special dietary requirements were being met. Care plans contained a section on nutrition and hydration. We saw evidence in one care plan which showed a dietician had been involved and their advice was included in the care plan.

There were three full time psychology staff member supervised by an external consultant psychologist. Staff told us they received immediate support from this team when it was needed. We saw evidence of the involvement of other health professionals in people's care, such as GPs, community nurses, chiropodists, opticians and the care home liaison team.

Good

Is the service caring?

Our findings

People and their relatives consistently told us staff were kind and caring. Comments included, "Staff are friendly. They are always there to help", "Everyone helps provide personal care and support" and "Staff are always kind and friendly. They always have time to discuss concerns." One relative told us, "They (staff) take time out for people (relatives) who come. It could not get better." Another relative commented, "I don't think I'll find anywhere better."

One staff member said, "It's the most person-centred place I've ever worked in." Another staff member commented regarding caring standards, "I think it's remarkable. They're getting the attention and everything they need." A third staff member said, "Every day is different. As we get to spend more one to one time, residents become like family."

People told us they were encouraged to be independent where possible and one staff member told us, "We like to promote independence."

Some people living at this service experienced behaviours which may challenge others. In instances where people became agitated, staff took steps to de-escalate these behaviours which meant potentially harmful situations were well managed. One staff member said, "You look for triggers and you look to step in."

We found staff knew people well as individuals, as they were familiar with their health needs as well as their care preferences. The registered provider operated a 'resident of the day' system. Staff explained this meant a person's care plan was evaluated, their room was deep cleaned, they were weighed, their medicines were reviewed and contact was made with family members on a set day each month. Relatives told us they were able to visit their family members at any time.

We asked staff about the steps they took to maintain people's privacy and dignity. Staff told us when they provided personal care for people they ensured doors and curtains were closed. They also said they used towels to cover people before and after bathing or showering. We saw staff knocked on people's doors before entering their rooms which showed they respected people's own living spaces. This meant staff understood daily living experiences for people at this service.

We saw Tom Wroe unit was piloting 'a day in the life of a resident' whereby a staff member adopted characteristics of a group of people and acted in that role for six hours. This meant staff had first-hand experience of living with, for example, a person who was not able to speak, immobile and blind, and could describe how this affected people living at the service.

Staff we spoke with could explain the importance of protecting people's equality, diversity and human rights. The registered provider arranged for a religious leader to visit the service on a regular basis. Access had been made to advocacy services where this was needed.

We asked one staff member if they could describe working at this service. They told us, "Brilliant. I love it."

Another staff member said, "I love it, so far."

Good

Is the service responsive?

Our findings

Before people moved to this service, a pre-assessment was completed by the lead psychologist and the registered manager to ensure they were able to meet the person's care needs.

We looked at four people's care plans and found they were person-centred and therapy led based on the input from the team of psychologists at this service. We found care plans were written to reflect people's individual detailed needs, and emphasised the importance of their preferences. Care plans provided staff with clear guidance which covered a range of physical and psychological needs. Staff worked to a positive behaviour plan set out by psychologists which meant they were able to provide effective support to people. The information contained in care plans meant staff could recognise and respond appropriately to different behaviours. One staff member who commented on the quality of care planning told us, "I really like them, they're really detailed. I like the staff instructions."

We saw care plans were reviewed by the psychology team who gave staff advice as required. Unit managers and team leaders were also responsible for updating care plans. We saw evidence of weekly reviews as well as monthly summaries which were fully completed. Not all people we spoke with said they were involved in their care planning. However, records we looked at demonstrated people were routinely involved in care planning and they were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified. The provider information return (PIR) stated; 'Over the next 12 months we aim to do more around care plan reviews and involving residents in planning their own care and making their own decisions around managing risk'.

People we spoke with and their relatives were satisfied with the programme of activities provided. We saw each floor had its own activities planner; these showed the service provided activities seven days a week which were bespoke to people's needs. For example, activities included music therapy, exercise, baking, massage therapy, arts and crafts and watching movies. On the day of this inspection a group of people were having a singing practice as they were forming a choir. Due to the large enclosed grounds, people were able to play games such as football and crazy golf outside. One staff member said, "People go out into the grounds daily." People were also supported to go into the community, for example, to go swimming and on day trips, which were also arranged.

The registered provider had not received any formal complaints regarding this service since our last inspection. However, we met with one relative who had raised concerns about the service. We noted that before this inspection, the care director had scheduled a meeting with them to listen to their concerns. This meeting was to take place the day after this inspection. We saw information on how to complain and provide other feedback was on display in the service. People told us they regularly spoke to their unit manager and their allocated keyworker and could discuss any concerns or issues with them.

Good

Is the service well-led?

Our findings

At the time of this inspection the manager was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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.

We shared with the registered provider that the summary list of medicines in two people's care plans on Tom Wroe unit did not tally with the medicine administration record. Staff told us they would look into these issues and make the necessary changes immediately.

People we spoke with were able to tell us who the registered manager was, although they were unable to identify them by sight. We discussed this with the care director and quality director who told us the registered manager would have a more visible presence in the service moving forwards.

Feedback from staff regarding the management team included, "Brilliant manager and all good colleagues", "[The registered manager] is very approachable. They know what's going on, on every unit" and "The leadership is great. There are a lot of new faces, all for the better."

We found staff also spoke positively about a culture of team working across the floors. We observed staff working well together throughout this inspection. One staff member said, "We see ourselves as one." We found each of the floors was well-led by the respective unit managers who provided clear direction for staff and led by example in their delivery of care.

Fortnightly senior management team meetings were taking place. Staff meetings were held monthly on each unit and a whole service meeting was held quarterly with very good attendance. This included guest speakers and staff awards. Records showed the chief executive for the registered provider attended these meetings.

We saw evidence of monthly residents' meetings; standing agenda items included menus, activities and the living environment. People were also given the opportunity to feedback about the service through surveys. In their PIR the registered provider shared with us how they wanted to develop the activities programme based on feedback they had received.

Accidents and incidents were recorded and reviewed monthly to identify any themes or trends, such as an increase or decrease in numbers, common incident categories, times of occurrence or location.

At the time of this inspection the registered provider had employed a consultant to further strengthen their quality management systems. Each unit used a quality assurance framework which covered a number of areas, for example, pressure area care, medication and safeguarding. In addition, monthly audits were completed by the senior team which showed high levels of compliance. All audits had action plans which

were signed off by the unit managers.

We reviewed a range of policies and found these were all in date and related to up to date guidance.