Helme Hall Limited

Helme Hall

Inspection report

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Date of inspection visit:
13 August 2019
20 August 2019

Date of publication:
14 November 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Helme Hall is a care home providing personal care to 28 people aged 18 and over at the time of the inspection. The service can support up to 32 people. Accommodation is split in to three units, one on each floor of Helme Hall. These are separately called the Tom Wroe Unit, Living Well Street and Huddersfield Adult Memory Disorders Unit. Each floor has separate bathrooms, toilets and communal areas. There are two unit managers and two registered managers for the whole service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with one of the registered managers at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. Restrictive intervention practices were used where appropriate.

People's experience of using this service and what we found
Not all equipment had been checked for safety. Staff moving and handling techniques were not always safe. There was ongoing recruitment to a number of vacant positions within the home. The recruitment of staff was safe. Medicines was safely administrated.

New staff received an induction. Feedback about the meals was positive. Staff received the input of other healthcare professionals where needed. 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. The provider was working within the principles of the MCA.

People were not always treated with dignity and respect. Staff were caring and kind. Staff knew people's preferences, likes and dislikes. Care records were accurate, although information relating to care record reviews and activities was not routinely kept together.

People and relatives were involved in decision making. Staff were responsive to people's needs and wishes and knew people well. People were offered choices and encouraged to remain independent. People's views were sought and action taken to improve the service from these.

The registered managers were visual within the home and operated an open-door policy. People, relatives

and staff knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 7 September 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had not been made and the provider was still in breach of regulations.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

Enforcement
We have identified breaches in relation to dignity and respect and good governance. For requirement actions we are able to publish at this time, please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Helme Hall

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 team consisted of an inspector, an assistant inspector and a specialist advisor on day one. A specialist advisor is a person who has specialist knowledge of people who use this type of service. Their expertise was in nursing and acquired brain injury. Day two of the inspection was carried out by an inspector and an assistant inspector.

Service and service type
Helme Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
Day one of the inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 three people who used the service and two relatives. We spoke with the provider, registered managers and 13 members of staff including the clinical specialist nurse, unit managers, occupational health assistant and care assistants.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment, staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found in relation to maintenance safety certificates.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to rectify a breach in fire service regulations, fire evacuation procedures and risks associated with people's support needs were not always adequately assessed and recorded. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of these areas of regulation 12.

● The service did not always manage maintenance checks well. Test certificates for the safe use of slings, hoists and passenger lifts had recently expired. We raised these concerns with one of the registered managers who assured us all the slings listed on the certificate had been thrown away and recently replaced by five new slings. The registered manager immediately arranged for the hoists and lifts to be tested by a qualified person. However, we later identified two of the original slings were still in daily use for one person as one sling was found to be in use in the person's bedroom and we saw this and an additional sling had also been included on the test certificate. The registered manager confirmed this was the case after the inspection. This is reported on further in the well-led domain of this report.
● Staff did not always use safe moving and handling techniques. For example, we saw two members of staff support a person to move using inappropriate support practices. The person did not appear concerned but the move looked awkward. Staff did reassure the person during the transfer.
● People had a range of risk assessments in their care records. This identified keys risks and action needed to mitigate these risks. Where a risk was identified, we saw equipment was in place and action had been taken to reduce the identified risks.
● Fire drills were carried out. Staff told us they had attended both a fire drill and training. A personal emergency evacuation plan was in each of the care files we reviewed. We saw a copy was also kept in a grab bag to ensure they were accessible in the event of an emergency.
● Maintenance checks for water temperatures, electrical and gas safety were up to date.

Using medicines safely
At our last inspection the provider had failed to ensure medicines were administered and securely stored in line with the provider's medicines policy This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach

in this area of regulation 12.

● Medicines were stored safely and securely.
● Medicines were administered by staff who had been trained and assessed as competent. Some staff competency assessments to administer medicines had lapsed. In these instances, the registered managers assured us these staff would no longer administer medicine until they were reassessed. Staff we spoke to confirmed this.
● Where people were prescribed medicines to take 'as and when required' information was available to guide staff on when to administer them.
● There was an audit process in place to identify and mitigate risks associated with the improper management of medicines.

Staffing and recruitment
● At the last inspection we saw there had been a high turnover of staff. At this inspection we found it was similar. We spoke with the registered managers who told us they felt staff had left as they had not fully understood the nature and demands of the job before joining the service.
● The registered managers used a dependency tool and individual assessment of need to help determine the numbers of staff required and rotas showed the number of staff identified as being required, were deployed. The service was actively recruiting for a number of care staff positions. There was a regular use of agency staff. Staff we spoke to did not express concerns regarding the use of agency staff however staff did comment they were short staffed and this sometimes impacted on morale.
● Recruitment practices were of good quality and suitable people were employed. The registered managers told us the recruitment and induction processes had recently been changed to try to address the high turnover of staff. A 'buddy' system had also been recently introduced to support new staff members into their role.

Learning lessons when things go wrong
● Serious incidents were escalated to other organisations and investigated appropriately.
● The registered managers and provider acknowledged that systems to demonstrate compliance with the regulations were required.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. People said, "Yes. I feel safe here" and "Yes, I do." A relative told us, "It feels safe here."
● Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.
● The provider had reported abuse to the safeguarding team when it was identified.

Preventing and controlling infection
● Staff wore gloves and aprons when providing personal care and assisting with meals. Staff we asked told us they had access to adequate supplies.
● Staff had received training in infection control.

Good

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 care records were disjointed with relevant paperwork not kept together within the care record. Whilst it was evidenced people's care records were reviewed and updated on a monthly basis, reviews were carried out using 'resident of the day' paperwork and this was sometimes filed separately from the care record. People's detailed daily activity records were kept separately by another staff team and these details did not always form part of the care record. The registered managers told us the service was in the process of implementing an electronic care record system which would enable information to be stored centrally and immediately accessible.
- People were assessed prior to admission to the home, to ensure staff could meet their requirements.
- Care records and risk assessments evidenced peoples support was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- New staff undertook a comprehensive programme of induction which included one-week classroom-based training and staff shadowing before starting work.
- Records showed staff completed a range of training the provider considered mandatory. Staff training was monitored by the unit managers for the staff who worked on their unit. We found some staff training dates had expired. The registered managers told us they were creating a central staff matrix to identify individual staffs' training compliance. However, we found the document was incomplete and this is discussed further in the well led section of the report. Staff spoke positively regarding the training they received. A staff member told us, "Training is going well."
- Regular staff performance reviews were held throughout the year with the management team to support staff to develop in their roles. Staff received annual appraisals.

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

- We found people's nutritional needs were met. Food was stored and prepared safely. Meals were prepared by staff in each unit.
- People and their relatives told us the meals were good and there was always plenty to eat and drink. We observed lunch time meals. People seemed to enjoy their meals and were given time to eat at their own pace. The lunch time food was home cooked and looked appetising
- We observed people were offered regular hot and cold drinks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- Care records confirmed people were regularly seen by healthcare professionals including doctors, dentists

and chiropodists.
● Staff worked well with other professionals to ensure people's needs were met.

Adapting service, design, decoration to meet people's needs
● The home was in the process of being refurbished and updated. Two out of the three units had been completed. We found the Huddersfield Adult Memory Disorders Unit to be sparsely decorated and did not have a very homely feel. We fed back these observations to the provider and registered managers.
● We saw that some bedrooms were personalised and contained pictures and photographs of things that were important to people.
● Outdoor spaces were accessible for people to use if they so wished. We observed some people playing a game of football with staff members outside. We heard laughter and good-natured comments.

Supporting people to live healthier lives, access healthcare services and support
● Information was shared between staff at a handover held at each changeover of staff.
● We found evidence to show people were supported to access relevant health and social care professionals. This helped to ensure people's assessed needs were being fully met, in accordance with their care records.

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.

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. 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.

● Where people were unable to make their own decisions about specific care and treatment, decisions had been made on their behalf. These had been made in accordance with MCA principles. We saw evidence of capacity assessments and best interest's decision making in the care records we reviewed.
● DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff. Copies of the applications and authorisations were held within a separate file.

Requires Improvement

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
● People's dignity was not always maintained. For example, we saw one person being supported by a member of staff in a communal area was unaware the person's clothing was not covering them properly to preserve their dignity.

People were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were supported to remain independent. A relative told us, "Staff will support [Person] to have a bath and leave them to it."
● Confidentiality was considered and people's care records were kept securely.
● People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well.

Ensuring people are well treated and supported; respecting equality and diversity
● People and relatives were complimentary about the attitude and kindness of the staff. Comments included, "Staff are good with [Person]", "The staff are very caring, very good" and "Fantastic. [Person] is settled here."
● Staff were consistently polite and courteously. We observed staff spoke to people at eye level to engage fully with the person and give them their undivided attention. We heard staff ask people if they would like to get involved with activities.
● We saw people were relaxed in the company of staff. Staff were sensitive and patient with people and spent time interacting with them.
● Staff spoke with us about the importance of supporting and responding to people's diverse needs. They were aware of people's personal relationships, beliefs, likes and wishes. A relative told us, "[Person] had always liked to be dressed smartly and staff ensured this happened. We saw this preference was recorded in their care record.

Supporting people to express their views and be involved in making decisions about their care
● Care records we looked at confirmed people and where appropriate, their families had been involved with and were involved in the developing their care records. A relative told us, "As a family, we feel communicated with and are invited to meetings."
● Care records contained information about people's diverse needs, wishes and preferences.

● Information was available about advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside the home to act on their behalf if needed.

Good

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care records were not always complete. We found one person's care record was missing key documents, for example, a dependency tool, weight assessment and risk assessments. We spoke with one of the registered managers who immediately investigated our concern and told us it had been an administration oversight. We saw evidence these documents had been appropriately completed however had not been printed out and transferred into the care record.

● Care records detailed what was important to and for the person, for example, 'What people admire about me', 'What makes me smile' and 'How I like to be supported'. They contained people's life histories and information about what their interests and hobbies were.

● Staff told us the care records helped them provide the support people needed. A staff member said, "I feel like you know the person through their care record."

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.

●The registered managers understood the Accessible Information Standard.

● Care records identified each person's communication abilities and difficulties. For example, one person's record stated the person may become agitated when being spoken with and staff needed to offer the person space and return in 10 minutes to attempt to re-engage in conversation.

Supporting people to develop and maintain relationships to avoid social isolation;

● Providing a variety of meaningful activity and entertainment to people was given priority within the service. The occupational health staff were seen as a key element in promoting people's general and emotional well-being.

● People had access to a range of activities both in the home and in the community to help prevent social isolation and to keep people active. A staff member told us, "The home has a proactive approach to getting people out to do things."

● Activities covering a two-week period were displayed within each unit. A staff member we spoke with did not know which weekly activity list represented the current week. We found the activities displayed on one unit did not accurately represent what people were getting involved with. We fed back our observation to the registered managers for them to take remedial action.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy with systems and procedures in place. We saw evidence complaints received were taken seriously and actions taken to review the complaint and improve the service where possible.

● People and their relatives told us they knew how to make a complaint if they were dissatisfied with the service they received. Comments included, "I have never had to complain to the manager but I do know who [Name] referring to one of the unit managers is" and "If I had any worries I would go to a carer or to manager. I have no concerns whatsoever."

End of life care and support

● People were supported to make decisions about their practical preferences for end of life care. However, we found some care records recorded limited person-centred information relating to end of life wishes. We spoke with the registered managers who told us work had recently started to respectfully gather information to enable person centred care to be provided at the end of a person's life.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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
At our last inspection we found provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● During the inspection we found that systems and processes were not established and operated effectively to ensure the service was meeting the fundamental standards in terms quality and safety. As identified earlier in the report, we found the test certificates for the safe use of slings, hoists and passenger lifts had expired and this had not been identified prior to our inspection. People's care records were disjointed with relevant information stored in different places. One person's paper based care record held on the unit and accessed by staff was incomplete. Staff compliance training records were incomplete.
● Adverse events, accidents, incidents and near misses were recorded along with an in-depth analysis taking place including pictorial images and graphs along with a section that details what actions are needed and who is going to do what by what date. A number of incidents identified actions to be taken but there was not always evidence to suggest these had been rectified. For example, on the Tom Wroe and HAMDU unit there were five actions identified in June 2019 to be completed by 19 July 2019, which at the time of this inspection the paperwork had not been completed yet. On the Living Well Unit there were six actions identified in June 2019 of which one action had not been completed.
● We reviewed several internal audits. These had been completed at regular intervals. A number of the audits identified shortfalls but there was not always evidence to suggest they had been rectified in a timely manner. For example, a first aid box audit dated July 2019 states, 'needs filling up are on order'. The August 2019 audit states, 'in the process of being filled'.
● This is the second consecutive inspection where the home has failed to achieve an overall rating of good. This demonstrates the registered provider has failed to implement systems and processes which will ensure people receive consistently safe and effective care.

We found no evidence people had been harmed however, the provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This placed people at risk of harm. This was a continuing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered managers and provider were responsive to our inspection and were keen to further develop and improve the home. This was evident as they as they provided us with an action plan detailing how they had addressed the concerns we identified during the inspection.
●The registered managers had notified CQC of significant events such as safeguarding concerns.
● It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff were positive about the registered managers. They said, "I feel very supported as I wouldn't be where I am now without them" and "I have never worked in a home that has so much support."
● We asked staff what the culture of the home was. Comments included, "If my residents are not having the best time then I am not doing my job properly", and "To be able to give people with complex needs, who are refused by other homes, a better quality of life."
● The registered managers had an 'open door' management approach which meant they were easily available to staff, residents and relatives.

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
● Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The registered managers were aware of their regulatory obligations and had informed CQC of significant events, where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered provider sought the views of people, their relatives and staff. Feedback was used to continuously improve the service. We saw survey actions detailing identified weaknesses, action required and how this would be maintained.
● Resident meetings and staff meetings were held regularly. Meetings were used to provide information, such as introducing new members of staff, sharing of good news and operational discussions.
● Staff demonstrated a passion for their roles and worked well as a team. They told us they enjoyed working at Helme Hall and felt valued. One staff member said, "I love my job. I would not go back to my previous job." Another staff member told us, "Sometimes it is hard work but it is also a very rewarding job. No two days are alike and no two residents are the same."

Working in partnership with others
●The registered managers told us they worked in partnership with other agencies, including the local authority and health staff.
● The home had begun to forge links with other organisations for example, a local charity and local Scouts group who were involved in developing a gardening club at the home. The occupational health assistant told us the initial feedback from everyone involved had been very positive.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Peoples dignity was not always maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Ineffective governance, auditing systems and processes to assess, monitor and improve the quality and safety of the service.