

# Nottinghamshire County Council

## Helmsley Road Short Breaks Service

### Inspection report

29 Helmsley Road  
Rainworth  
Mansfield  
Nottinghamshire  
NG21 0DQ

Tel: 01623476939

Website: [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)

Date of inspection visit:

18 January 2018

26 January 2018

Date of publication:

09 March 2018

### 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

We carried out an unannounced inspection of the service on 18 and 26 January 2018. Helmsley Road Short Breaks Service 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. This service supports people who have a learning and/or physical disability.

Helmsley Road Short Breaks Service accommodates 12 people across three separate units, each of which have separate adapted facilities. People do not live at this home, they attend this service for short, pre-arranged breaks, some as short as one night with other stays lasting up to two weeks. During our inspection on the 18 January two people were staying at the home, during our inspection on 26 January, eight people were staying at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 17 November 2015 the service was rated Good overall, however it was rated Requires Improvement for the question, 'Is the service Effective?' After this inspection the service maintained its overall rating of Good and the rating for the question 'Is the service Effective?' improved to Good.

People continued to receive safe care and the risks to people's safety were continually assessed and reviewed. Staff were recruited safely and there were enough staff in place to support people. People's medicines continued to be managed safely and effectively. Relationships with other health and social care agencies to offer further support for people. Accidents and incidents were monitored, reviewed and where needed measures put in place to reduce the risk of reoccurrence.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. Staff received a detailed induction and training programme. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. People were supported to lead a healthy lifestyle. People's day to day health needs were met by the staff and other healthcare agencies where needed.

Staff and the registered managers treated people with respect, dignity and compassion which led to people forming positive and meaningful relationships with them. People were encouraged to do as much for themselves as possible. People were provided with information about advocacy services and were supported to make decisions about their health and care needs where able. There were no restrictions on people's friends or relatives visiting them during their stay.

People's needs were assessed each time they came to stay at the home. People's personal preferences and likes and dislikes were recorded within their care records. They were used by staff to communicate effectively with them and to provide them with a stay at the home that was personal to them. Processes were in place that ensured people's cultural and religious choices were respected and people were provided with information in a way that reduced the risk of discrimination. People felt able to make a complaint if they needed to and that it would be acted on.

The service was well-led by two registered managers who were well liked by relatives, staff and the people they supported. There was a positive atmosphere at the home. People and staff were encouraged to contribute to the development of the service. Effective auditing processes were in place to monitor the quality of the service. The registered managers carried out their role in line with their registration with the CQC.

## 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 remains safe.

### Is the service effective?

Good ●

The service was now effective.

The principles of the Mental Capacity Act 2005 were now implemented effectively when decisions were made about people's care.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.

Staff received a detailed induction and training programme.

People were supported to lead a healthy lifestyle. People's day to day health needs were met by the staff and other healthcare agencies where needed.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Helmsley Road Short Breaks Service

## **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 comprehensive inspection took place on 18 January 2018 and 26 January 2018 and was unannounced. On the 18 January 2018 when we arrived to inspect only two people were using the service. We deemed this to be insufficient to enable us to carry out a comprehensive inspection. We carried out some elements of the inspection and then returned on 26 January 2018 when eight people were using the service.

The inspection team on both days consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted County Council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection we spoke with six people who used the service, three relatives, seven members of the care staff including a team leader and the two registered managers.

We looked at all or parts of the records relating to five people who used the service. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People continued to be supported by staff who understood how to protect them from avoidable harm and to keep them safe. People felt safe with the staff. One person said, "It's safe here and it's (the home) been decorated." A relative said, "[Name] is as safe here as is humanly possible. I do not have any concerns."

Staff understood the process for reporting any concerns they had about people's safety. A safeguarding policy was in place, staff had received safeguarding training and staff were able to explain who they reported concerns to, both within the home and to external agencies. The registered managers also had a clear understanding of their responsibilities and ensured relevant external agencies such as the Local Authority safeguarding adults team and CQC were notified. Records viewed confirmed this.

The risks to people's health and safety continued to be regularly assessed and reviewed. When people returned for another stay at the home, a new assessment of their care needs was conducted to ensure any changes to their health needs could be met. Care plans were updated accordingly. Reviews before each stay commenced included people's ability to evacuate the building safely and the support required to access the community. The registered managers told us that the assessments also ensured people's freedom was not unnecessarily restricted and people had the appropriate equipment in place. We noted equipment such as hoists were regularly serviced to ensure they were safe to use.

A stable and consistent team of staff was in place which provided people with safe care and support. Where people required continuous supervision, also known as one to one support, this was provided. The staff we spoke with all felt that there were enough staff in place to support people safely. Our observations throughout the inspection supported this. We were told by the registered manager that robust recruitment procedures were in place. However, we were unable to review the records of staff due to their records being held by the provider away from the home. We were however, able to see that criminal records checks had been requested prior to staff commencing work. The registered managers told us suitable references and identification were also requested prior to new staff starting work.

People told us they received their prescribed medicines when they needed them. Processes were in place that ensured people received their prescribed medicines safely and on time. One person said, "I have my medicine at night and staff look after it." Relatives spoken with told us they had no concerns about the way their family member's medicines were managed. The team leader showed us the process for ensuring that when people came to stay at the home they had the appropriate medicines in place. We saw this procedure was managed effectively. People's records were fully completed. They recorded how they liked to take their medicines, whether they had taken or refused them and whether they had any allergies. Safe medicine practices were in place at the home.

People's care records were detailed and relevant to people's current health needs. This ensured that when people required a visit to their hospital or other health or social care service, they had clear and up to date information that would enable those services to provide people with the care and support they needed quickly. Processes for supporting people with behaviours that may challenge others were also in place,

followed best practice guidelines and were effectively implemented to ensure that people were kept safe.

Staff had completed infection control training, and training to ensure food was prepared hygienically and safely. This helped them to reduce the risk of the spread of infection within the home. People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available for staff and people who live at the home to use when needed. We saw the staff had received training and followed clear policies and procedures to maintain high standards of cleanliness and hygiene

The registered manager carried out regular reviews of the accidents and incidents that occurred These reviews enabled the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. Serious incidents were reported to the provider and where needed actions were put in place to address any immediate concerns for people's safety. Where amendments to staff practice were needed these were discussed during supervisions or team meetings.



## Is the service effective?

### Our findings

During our previous inspection on 17 November 2015 we raised concerns that when decisions were made for people who were unable to make them for themselves the Mental Capacity Act 2005 (MCA) was not always implemented effectively. During this inspection we found improvements had been made. In each of the five care plans we looked at we saw MCA assessments were now in place with documentation to show how a decision was reached in the best interest of each person. This included decisions such as personal care and medicines.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people where needed. We looked at the paperwork for two of these people and saw the staff adhered to the conditions specified.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. The registered manager was aware of National Institute for Health and Care Excellence guidelines and could explain how they were used to support people effectively. People's care records contained clear guidance on how to support people with a wide variety of health needs. This included conditions such as epilepsy. A relative said, "They ensure my relative gets to the numerous medical appointments they have and that they receive physio when needed. Everyone works well together to support my relative." The staff we spoke with had a clear understanding of how to support people effectively.

Staff were well trained, received an induction and were supported to develop their skills by gaining external qualifications in adult social care. People felt staff had the skills needed to support them. One person said, "Oh yes, they [staff] know what they're doing." We noted staff had a good understanding of the people they supported. One staff member said, "With so many people coming and going you have to make sure you know what they need. The care plans help with that." Staff felt they had the support of the registered managers and we noted staff received regular supervision of their role. This contributed to people receiving good, effective care and support.

People were supported to maintain a healthy and balanced diet. A relative praised the approach of staff in supporting their family member. They said, "We are trying to help my relative lose weight and staff have taken this on board. The food they have is always healthy." People were involved with deciding what food they would like to eat during their stay. Pictures of a wide variety of foods were used to support people with communication needs make informed choices. Processes were also in place to ensure that when people came to stay at the home, their preferred food choices were always available.

The registered managers had built positive relationships with other healthcare agencies involved with people's care, to ensure when they stayed at the home, they received effective care, support and treatment. Relatives praised the effectiveness of the service provided and told us when their family member came to

stay at the home they felt confident they would receive the care they needed.

## Is the service caring?

### Our findings

People had formed positive relationships with staff. Although people stayed at the home for only a few days at a time, it was clear people and staff knew each other well and got on with each other. One person said, "It's nice here. The staff are kind." Another person described their first time at the home and said, "It's nice, beautiful. I like colouring and my bedroom is comfy." A relative said, "It's not just a job for them [staff] it's pure dedication. With my hand on my heart I have never known any change in attitude. They [staff] are very protective of the residents."

Where people were unable to express their views verbally, we provided them with a drawing of three faces which depicted the following emotions, 'happy', 'neither happy or sad' and 'sad'. We used these to ask them to describe their emotions when they came to stay at the home. All three people circled the 'happy' face and one of them proudly signed theirs before they returned it to us.

People and staff took part in good humoured conversations. We observed staff listen respectfully and respond appropriately to people. Where people became agitated this was managed with empathy, care and compassion whilst ensuring this had minimal impact on others.

We observed staff engaging with people in meaningful conversation, adapting their approach to ensure that people with varying abilities to verbally communicate were always included. Makaton and picture communication exchange systems (PECS) were used at the service. These communication systems use signs, symbols and pictures as a way of communicating with people with a learning disability such as autism spectrum disorder, also known as ASD. We saw information provided throughout the home such as the fire evacuation process and the details of a Valentine's Day party had been provided in a way that people were able to understand and to feel included.

Staff were respectful of people's opinions and choices. People felt their views mattered. When people were not staying at the home they lived with their relatives, who supported them to make decisions about their care and support needs. This included when they first came to stay at the home and also during on-going reviews. People had access to advocacy services to support them to put forward their views and wishes about care. This meant people were encouraged to be actively involved in their care, and their independence was promoted.

People were treated with dignity and respect. Staff understood how to ensure people received dignified care and when staff talked about people's specific health or care needs, they did so discreetly. A relative said, "They [staff] are definitely kind and caring and they love having my relative to stay. It can be difficult to get my relative to come to Helmsley Road but I know once they're there they enjoy themselves. It's comfortable there." People's care records were stored securely which ensured their confidentiality.

People's privacy was also respected. The home had space in which people could be alone if they wished to be. Staff respected people's privacy. Although the purpose of this service was to provide relatives and carers with respite, there were no unnecessary restrictions in place which would prevent relatives and friends

visiting if they wished to.

The registered managers told us that rotas were planned in advance to ensure that people's preferred members of staff were available to support them during their stay wherever possible. They also told us this made their stay more enjoyable and personalised. It was clear from the way people interacted with the staff during our inspection that people enjoyed their company and were pleased with the staff on shift to support them.

## Is the service responsive?

### Our findings

People received care and support that met their individual needs. Detailed assessments were carried out before people first came to the home to ensure that their needs could be met. When people returned for further stays, whether it be for a single night or longer, a new assessment was carried out to establish whether people's needs had changed. This was an effective way to ensure that staff could respond to people's changing needs. Detailed care planning documentation was in place that provided staff with the information and guidance they needed to support people effectively.

People told us they were supported to do the things they liked to do when they stayed at the home. This included taking part in a wide variety of activities but also domestic tasks around the home. One person said, "I like hoovering and doing jobs and then I can have a certificate. It's a nice home. It's classy and modern." Another person told us about the things they do when they come to stay at the home. They said, "I have had my hair cut (which they proudly showed us). I go to (local town). I also like to have the newspaper and we walk to the shop. I like watching TV and wear my red football strip. They [staff] look after me they do." A relative said, "They [staff] support my relative to join in with activities. They do this by doing the activity alongside my relative and then eventually my relative will do the activity themselves.

The staff we spoke with understood people's individual needs, preferences, likes and dislikes. Care plans provided detailed background information about each person including their life history and the things that were important to them. A 'one page profile' was in place at the front of each care plan which included information about what was important to each person and the way they liked to be supported. This information included reference to people's cultural or religious background. In the care records we looked at we saw people had expressed a wish to take part in seasonal religious festivals such as Christmas and Easter. A member of staff who did not work regularly at the home told us they found this document useful as the people they supported each time differed. We observed this member of staff interacting with people and they clearly understood each person's needs.

People who stayed at the service had a learning and/or physical disability. Staff could explain how they ensured that people were not discriminated against and the registered managers ensured all people were treated equally and had equal access to relevant information. The registered managers had an awareness of the Accessible Information Standard which ensured that provisions were made for people to have information about their care in ways which were meaningful to them. For example, the information people needed to review their stay at the service was available in an easy read format which enabled them to contribute to the review.

People were provided with an information pack when they came to the home that gave them access to information about what they should expect from their stay, their rights and a guide on how they could make a complaint and how it would be acted on. Efforts had been made to provide this information in a format people with communication needs would understand. This included information provided in an easy read format. Records showed where complaints had been made these had been responded to appropriately and feedback was used to continually review the quality of service people received.

## Is the service well-led?

### Our findings

Two registered managers were present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

People and relatives spoke positively about the home and the registered managers, and told us they had good experiences when they or their family had stayed there. A person said, "There are plenty of staff here." The managers are so funny one of them sounds like Basil Brush when they laugh." A relative said, "They [staff] are on the ball and they don't get enough praise for what they do."

Staff spoke highly of the way the home was managed and felt their views were welcomed and acted on. One staff member described both registered managers as "approachable and always willing to help." The registered managers worked effectively together and both had a clear passion for providing all people who came to stay at the home with the best experience they could. They had clear expectations of the performance of their staff and staff confirmed they were regularly tested on new policies and processes. One staff member described some notices that were on the staff board. "We know we have to read them. It's good they [registered managers] check us out."

People and relatives were able to contribute to the development and improvement of the service. People and relatives were asked for their feedback after each stay and a yearly survey was also sent out to gain an overall view of people's experiences of the home. The results were all positive and it was clear people rated the service highly. One relative said, "I would rate Helmsley Road as being five out of five. I wouldn't be without Helmsley Road." Another relative said, I would rate Helmsley Road as 9 ½ out of 10."

We noted there was a positive atmosphere within the home. People, staff and the registered managers clearly enjoyed each other's company. Staff were encouraged to engage with people and to think of new ways to further improve people's stay at the home. Staff felt encouraged to do so and one staff member told us due to the type of service provided, "no two days are the same." Staff also felt empowered to report any signs of poor practice to the relevant authorities via the provider's whistleblowing process. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

Quality assurance systems were in place that helped to drive continued improvements at the home. Audits included regular reviews of people's care records, the environment and medicines. The registered managers attended monthly meetings with other managers from the provider's group of services where best practice and areas for learning and development were discussed. We saw an on-going action plan was in place which was reviewed regularly by the provider with the registered managers held to account for its progress.

The registered managers had a good understanding of their roles and responsibilities to manage and lead the home well. They had the processes in place to meet the requirements of a registered manager with the

CQC and other agencies, such as the Local Authority safeguarding team. The registered managers had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service. The rating from our previous inspection was also on display to inform people using the service and others of how the service performed.

The registered managers had an open and transparent approach when working alongside other health and social care agencies. This ensured that when people stayed at the home staff and their care needs may have changed since their last visit, staff were equipped to support people in line with other health and social care agencies recommendations and guidance.