

Castel Froma

The Helen Ley Care Centre

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 22 and 31 August 2017. The first day of our visit was unannounced.

The Helen Ley Care Centre provides nursing care for a maximum of 37 people. At the time of our visit there were 28 people living in the home and four people on respite care.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service was last inspected in March 2015 when we identified some concerns around the safe management of medicines. We returned in October 2015 and found improvements had been made. We gave this service an overall rating of good.

People felt safe living at The Helen Ley Care Centre because staff knew them well and how to care for them safely. There were enough nursing and care staff to provide effective care in a safe way. However, although staff tried to respond to people's requests in a timely manner, due to the high levels of dependency in the home, sometimes people had to wait for assistance.

Risks associated with people's care were identified and staff were knowledgeable about those risks and how to manage them. Staff completed training in safeguarding and understood their responsibility to report any concerns they had about people's health or wellbeing.

People were confident their health needs were met and spoke positively of the multi-disciplinary approach and collaborative working with other healthcare professionals. Healthcare professionals shared their knowledge and provided training so staff could be responsive to people's individual needs. People received their medicines when they needed them and as prescribed.

The provider had effective systems to ensure care staff received training and support that equipped them with the necessary skills and competency to meet people's complex care needs. Nursing staff received training to ensure they followed best practice and their clinical skills remained up to date.

Staff demonstrated a good working knowledge of their responsibilities under the Mental Capacity Act 2005. People told us they made their own decisions about their day-to-day care and support, and said staff respected their right to decide.

People spoke about the caring attitude of staff in very positive terms, especially the emotional support they received from staff when they were feeling low or anxious. There was a very friendly and inclusive atmosphere within the home with people engaging with each other and staff in a relaxed and comfortable

manner. Staff supported people to maintain their dignity and respected their privacy and confidentiality.

Staff worked closely with the dietician and speech and language therapy team to ensure they knew about people's nutritional preferences, allergies and special dietary requirements. Meal times were a social occasion and people were able to choose what they wanted to eat.

Before people moved to the home, there was a multi-disciplinary assessment to ensure the service could meet each person's individual and specific needs. Staff provided appropriate care and were responsive to changes in people's needs. However, inconsistent completion of records did not always evidence that people had received the care as set out in their care plan.

Staff told us they enjoyed working at the home and were motivated to provide people with high quality care. They spoke highly of the registered manager and the support they received, especially at challenging times.

People and their relatives had the opportunity to be involved in decisions about their care and the running of the service. They were invited to care reviews and meetings and encouraged to complete quality assurance questionnaires. People and their family members knew how to make a complaint if they wished to do so.

The quality of care people received was monitored by the registered manager and the provider through a system of audits and checks. This ensured good standards were maintained and improvements implemented when a need was identified.

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 was mostly responsive. Staff were not always able to respond in a timely way to people's requests for assistance. Care plans were developed from a detailed assessment prior to people moving to the home. However, records did not demonstrate people always received care in accordance with their care plans. People and their family members knew how to make a complaint if they wished to do so.	Requires Improvement ●
Is the service well-led? The service remains good.	Good ●

The Helen Ley Care Centre

Detailed findings

Background to this inspection

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

The inspection visit took place on 22 and 31 August 2017. The first day of the inspection was unannounced. The inspection was undertaken by two inspectors, a specialist advisor 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 service. A specialist advisor is a qualified health professional. We returned announced on 31 August 2017 and this was completed by one inspector.

The provider had completed a provider information return (PIR). The PIR 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. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

During our inspection we spoke with 10 people and three relatives about what it was like to live at the home. We spoke with three nurses, four therapy staff, four care staff, a chef, an activities co-ordinator and a member of the housekeeping team about what it was like to work at the home. We spoke with the registered manager about their management of the service. We spoke to two visiting healthcare professionals. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We reviewed four people's care plans and daily records to see how their care and treatment was planned

and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We looked at 10 people's medication records. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe living at The Helen Ley Care Centre because staff knew them well and how to care for them safely. One person told us, "I just know I can trust them." They explained that when staff provided care, "I feel secure with them." Another person told us, "I feel safe because the staff are always around." A third person said, "I have a bath every couple of days. I love it and I feel safe when they assist me."

The provider took action to minimise risks of abuse, harm or neglect. Staff attended training in safeguarding and protecting people from the risk of abuse. Staff understood the type of concern they should report and how to report it. One member of care staff told us, "I have had training on safeguarding and how to identify abuse and neglect. Abuse can be financial, emotional or physical. We have a very open manager who we can talk to." Staff were clear they could escalate their concerns if they felt appropriate action had not been taken.

Staff understood the provider's whistleblowing policy, which supported them to report any concerns about other staff's practice. One staff member told us they would not hesitate to report their concerns because, "Abuse has many forms; it could be poor moving and handling."

Staff felt there were enough nursing and care staff to provide effective care in a safe way. However, care staff sometimes felt pressured at busy times of the day. People we spoke with acknowledged care staff were busy, but felt their needs were met safely. From our observations we saw care staff did not appear rushed, but were very busy. The emergency bell was activated twice and staff immediately responded to the sound of the alarm to manage the situation. A visiting healthcare professional confirmed, "Staff are always busy but I see when people need help they get it."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring (DBS) checks.

Each person's care file had individual risk assessments which identified any risks to the person and instructions for staff to help manage the risks. Risk management plans covered areas such as the level of risk in relation to skin damage, nutrition and how staff should support people when using equipment.

Some people needed specialised equipment to support their nutritional intake and/or breathing. We identified the provider did not have any written guidance for the actions to be taken in the case of a tracheostomy emergency. A tracheostomy is a tube inserted into the trachea to facilitate breathing and clear secretions. The provider took immediate action. They produced an emergency protocol which was shared with all the clinical staff so they were confident about what actions to take, such as in the event that

a tracheostomy tube became blocked.

Staff were knowledgeable about risks to people and how to manage them. For example, one staff member explained, "If someone is at risk of choking we have to make sure they are positioned correctly to reduce the risk." People told us staff continually assessed risks on a day to day basis. One person explained, "When it is a hot day they come round all the time with drinks for you and if you want to go out they make sure you have sun cream on."

All the people who lived at the home had specialised wheelchairs adapted for their own particular needs. The home was spacious and corridors wide enough for people to be able to move around freely and independently. The therapy manager delivered training so staff understood how to fit and use people's equipment safely. The manager explained, "We monitor staff are carrying out our instructions and stress the importance. Sometimes it is more about educating them to make sure they are more confident in moving someone or applying equipment." People told us staff had a good understanding of how their specialised equipment worked with one person telling us, "Sometimes they understand better than me."

Medicines were managed safely. People told us they received the medicines they needed when they needed them, particularly pain relief medicine. One person told us, "I get my tablets on time and if I am in pain, they get something for me." Medicines were stored safely and securely. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Lockable medicine refrigerators were available for medicines that needed to be stored at a low temperature. However, fridge temperatures were not consistently recorded to check the temperature remained within guidelines to ensure the effectiveness of the medicines. Medicine administration records demonstrated that people received their medicines as prescribed.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. One person told us, "It's lovely here, the staff are brilliant. They explain what they are doing when they help me and know what to do." The rating continues to be Good.

The provider had effective systems to ensure new staff had an induction that equipped them with the necessary skills and support. Newly recruited staff told us their induction programme included training and working alongside experienced staff, before working independently with people. One staff member explained, "When I started, everyone was very supportive of me and they still are." The provider's induction was linked to the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

There was a training programme to make sure staff received relevant training and refresher training was kept up to date. Staff received training specific to the needs of people living at the service such as catheter and basic life support. Staff told us the training they received gave them the confidence to provide safe and effective care. One member of the therapy team confirmed, "The training is very good. I have just completed some on the correct alignment and positioning of people, this may help to make standing them easier." The provider encouraged staff development and care staff were able to gain qualifications in health and social care. Nursing staff told us they received training to ensure they followed best practice and their clinical skills remained up to date. This included training in syringe drivers, end of life care and tracheostomy.

Staff told us they had regular supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development

Nurses told us they felt supported because they had opportunities to discuss challenging situations with the registered manager and other members of the team. One nurse told us, "I struggled with end of life which had an impact on my wellbeing. I talked to my manager and just talking to her helped me. Talking to the other staff also helped and our manager got in a consultant to talk to us about end of life. We had palliative care training and some nurses went on a two day programme." Another told us, "There was a cardiac arrest so I spoke to my manager about it and how I felt. She was very supportive."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they made their own decisions about their day-to-day care and support, and said staff respected their right to decide. Comments included: "Staff always ask my consent and they respect me" and, "I make my own decisions about how I spend my day." Staff told us most people were able to express their

wishes and they knew people well enough to understand their body language and facial expression. One member of staff told us, "It may be a blink that shows the person can hear you, we read their body language. One person will hold my hand if I ask a question and that means yes."

We identified one person who was reliant on staff for all their medical and healthcare interventions. Staff worked in accordance with the person's care plan which had been developed by a multi-disciplinary team. However, the care plan did not include an assessment of the person's capacity to consent to the actions covered by the plan. The registered manager assured us this would have been completed as part of the care planning process. When working with this person, staff demonstrated a good working knowledge of their responsibilities under the MCA. Staff communicated with the person to explain what they were doing during each intervention to assess whether the person still lacked capacity and the action was still in their best interests.

The registered manager told us that where people's care plans identified a potential deprivation of liberty, they referred it to the multi-disciplinary team to ensure it was in the person's best interests. Where deprivations of liberty had been confirmed, applications had been submitted to the authorising body.

People told us they enjoyed the food and if they did not like the options being offered, they could always have something else. Comments included: "Anything you fancy, they will do it for you" and, "We can get a cup of tea when we want and the food is really good." A member of kitchen staff told us they worked closely with the dietician and speech and language therapy team to ensure they knew about people's preferences, allergies and special dietary requirements. There was information to remind staff about people's individual needs and what assistance they required with meals. At lunch time almost everyone ate in the dining room, which made lunch a social occasion.

People who lived at Helen Ley had complex physical and neurological needs that required constant monitoring and input from a range of healthcare professionals. People told us they were confident their health needs were met and spoke positively of the multi-disciplinary approach and collaborative working with other healthcare professionals. One person told us, "I have seen the doctor when needed, optician, dentist, physio and chiropodist." Another told us, "In terms of health care, it is great." A visiting healthcare professional confirmed, "Referrals are appropriate and staff always follow my guidance and suggestions. Staff are always available to answer my questions and can answer them, including the care staff."

Is the service caring?

Our findings

At this inspection we found people enjoyed the same relaxed and friendly interactions with staff and each other, as they had during our previous inspection. People told us they were well cared for, treated with respect and dignity and had their independence promoted. The rating continues to be Good.

People spoke about staff in very positive terms, especially their caring attitude. One person described staff as caring, "Because they can't do enough for you. They do everything they can for you and will go the extra mile." Another person told us, "The staff have a very caring attitude, they are always a lot of fun."

People spoke warmly of the emotional support they received from staff when they were feeling low or anxious. One person told us, "The first couple of days I was here I was very weepy, but the staff were there for me and talked to me. I'm settled now because everyone is so friendly." Another person explained, "There are lots of carers always checking you are okay. Sometimes they just say 'do you want a hug' and that makes you feel a lot better."

Staff knew people well and respected them as individuals. We saw relaxed conversations taking place and staff clearly had close relationships with the people they cared for. Where people were unable to communicate verbally, their behaviour and body language showed they were comfortable when staff interacted with them. One staff member explained, "We form close bonds. It's sad when we lose someone or they leave."

There was a very friendly and inclusive atmosphere within the home. Throughout our visit, people moved around the home as they wished and spent time in the communal areas. Although there was a wide range of ages and abilities, people welcomed each other and took an interest in what others had been doing. One person told us some people had limited verbal communication, but explained, "You include them, you don't leave them on their own." Another person told us, "The best thing here is the atmosphere, it is friendly and people speak to each other."

Staff enabled people to maintain as much control and independence in their daily lives as they wished for. A staff member explained, "We supervise people with their daily living tasks. They may only take small steps forward, but that is still great progress." One person told us transport was arranged so they could attend medical appointments independently. Another person told us, "I like to shower myself, but they are around and help me in and out. I can still be independent that way."

People were supported to maintain their dignity through their personal and physical appearance. People's hair and nails were clean and people were dressed in clothes they preferred and in the way they wanted.

Staff respected people's confidentiality and privacy. Staff did not disturb people unnecessarily if they chose to spend time in their own room. When staff did go to people's rooms, they knocked first before entering. People had been encouraged to decorate and furnish their bedrooms as they chose, to make them as homely as possible.

Staff were respectful of people's privacy and dignity when providing personal care. One person told us, "They are very careful about your privacy."

People were able to maintain relationships with those who mattered to them. Visiting guests were welcome at any time and could join their family members for meals and activities. During our visit we saw people and visitors enjoying each other's company in communal areas; there were quieter areas if people wanted more privacy.

Is the service responsive?

Our findings

Some people told us staff were so busy at certain times of the day, they had to wait for staff to respond to their requests for support. One person told us, "There seems to be a 20 minute response when you press the buzzer." People were understanding of the high level of needs within the home, but told us it sometimes meant they did not get assistance at a time they preferred.

Our discussions with staff confirmed they were able to meet people's care needs, but were sometimes delayed in responding to requests for assistance because of the high level of dependency within the home. Comments included: "Sometimes people have to wait and we don't always get to spend much time with them" and, "In the afternoon people have to wait if we are busy. I don't like that. We do our best but it's hard." A member of nursing staff confirmed, "The problem is the afternoon. If a resident needs a lot of care that will take the time of two carers. This means if I also need assistance with my resident, I have to wait for one of them to become free and that can mean waiting for up to 40 minutes."

During our visit we noted that call bells could sometimes ring for extended periods of time before they were answered. Staff tried to ensure people's requests were met in a timely manner, however this was not always possible because they were busy and this meant some people had to wait. We discussed this with the registered manager who acknowledged the pressures on staff due to people's complex needs and the fact everyone needed the support of two staff members for personal care. They explained, "Staff get the job done, but they could do with more time to spend with people." They assured us they would review how staff were deployed within the home and raise the issue with the senior management team.

Before people moved to the home, there was a multi-disciplinary assessment to ensure the service could meet each person's individual and specific needs. One member of staff explained this was a vital part of the admission process as each person's needs were assessed holistically. One person who had recently moved to the home confirmed their transition from hospital to the home "All went according to plan" because there had been a detailed handover of information between all the healthcare professionals involved in their care.

From the pre-admission assessment, detailed care plans were formulated and developed. However, we found inconsistency in recording did not always evidence that people received care in accordance with their care plans. For example, one person had a catheter that needed changing every 70 days. Records demonstrated that on one occasion the catheter had been changed at 104 days and on another at 27 days, but there was no explanation about the discrepancy in timescales. We looked at the records for a person who had a pressure ulcer. The records appeared incomplete and it was difficult to establish whether the ulcer was improving. The last entry was May 2017 which stated the person was awaiting a wound care review. There was no documentation after May 2017.

We looked at the records for a person who had a tracheostomy. There was no systematic way of recording the secretions, as any changes could indicate the start of an infection. This meant the opportunity of an early response to an infection could be missed. A visiting healthcare professional told us, "It's hard to find

information in the care plans, that could improve."

Despite our concerns around record keeping, our discussions and observations of staff showed they were providing appropriate care and were responsive to changes in people's needs. Staff told us they used the daily handover to ensure they kept up to date with people's medical and care needs. They told us good communication enabled them to respond if a change in needs was identified and seek appropriate support if necessary. A visiting healthcare professional confirmed staff were responsive and told us, "Staff are very open to suggestions to ensure the best outcome for people."

There were dedicated staff who offered a varied activity programme. People were encouraged to follow their interests and hobbies and engage in activities that were meaningful to them. During the morning of our visit some people attended a 'book club' in the lounge. A member of staff read from a book and people clearly enjoyed the story as they laughed and smiled as they listened. One person told us they enjoyed the newly introduced gardening club and was pleased to show us the raised flower beds which they liked to water. People particularly enjoyed themed days and told us about a recent Caribbean day with decorations and Caribbean food. One person told us, "They made it really special. They made sure everybody was enjoying themselves and joined in."

People told us they were pleased they were now being offered more opportunities to go on trips into the community as this helped them to maintain their interests or visit places they enjoyed. For example, some people enjoyed a trip to a local motor museum on the first day of our visit.

There was a clear complaints procedure in place and people and relatives knew how and who to complain to should they need to. Comments included: "I am comfortable raising concerns or making a complaint if I need to." However, some people told us they felt informal concerns were not always responded to effectively which frustrated them. Records showed formal complaints had been dealt with in accordance with the provider's policy and procedures.

Is the service well-led?

Our findings

At this inspection we found people continued to receive good quality care from a staff team who were well-led. The rating continues to be Good.

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. Staff comments included: "I think the manager is very approachable, she has an open door policy and she works 'on the floor'." "The manager is one of the best. Even when she is at home I can call her and she will help me. She will guide me over the phone or she may come in." "The manager will work alongside us and isn't afraid to get her hands dirty and help out. I like that."

Staff told us they enjoyed working at the home and were motivated to provide people with high quality care. One staff member told us, "I think the care is very good, this is a unique environment and communication is very good. The staff are dedicated and want the best for people."

Staff said there were regular staff meetings which gave them the chance to discuss people's needs, any developments within the service and make suggestions about how improvements could be made. There were also regular meetings for specific staff groups such as nurses. One nurse told us, "We have regular team meetings and also a nurses' forum meeting every Friday to discuss people's needs." The forums were used as an opportunity to discuss people's complex needs and wider issues such as the implementation of policies and procedures. Another staff member said, "In team meetings you can have your say and suggest improvements."

We found improvements were needed in the maintenance and completion of people's care records. Information was often difficult to find and there was inconsistency in recording. The registered manager had recognised the problems around record keeping and told us, "One of my objectives in my annual appraisal was to sort out documentation." They told us action had already been taken by the provider to support them in achieving their objective. A second lead nurse had been appointed to support the clinical management of the home and they were currently interviewing for a new team member to provide administrative support. The registered manager was confident these actions would enable them to complete care plan audits in a timely way and implement a system of improvement.

People and their relatives had the opportunity to be involved in decisions about their care and the running of the service. There were meetings for people and their families and they were also asked to complete questionnaires so they could share their views about the service. We saw the responses to the last questionnaires were positive and where areas for improvement had been identified, actions had been put in place. People and relatives also received a monthly bulletin which provided an overview of any alterations to the service provision, staff changes and upcoming events in the home.

The quality of care people received was monitored by the registered manager and the provider through a system of audits and checks. Action plans were developed from the auditing process which were detailed

and clear as to who was to take ownership of the action with a target date of completion. Members of the Board of Trustees carried out regular visits to check on the standards of care and whether actions had been carried out. This ensured standards were maintained and improvements implemented when a need was identified.

The provider understood and had complied with their legal requirement to display the latest CQC rating at the entrance to the home and on their website.