The White Horse Care Trust

Dramsdon

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Dramsdon is registered to provide accommodation and personal care for up to five adults with learning disabilities, autism and associated health needs. At the time of our inspection there were five people living in the home. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

At the last inspection the service was rated good overall with one requires improvement in the Responsive domain. We found that people's care and support plans did not always reflect people's current needs and identify how care and support should be provided. This meant that people could be at risk of inconsistent care and/or not receiving the care and support they need. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a full comprehensive inspection on 21 March 2017. After the previous inspection the provider wrote to us with an action plan of improvements that would be made and meet legal requirements in relation to the law. We found on this inspection the provider had taken all the steps to make the necessary improvements.

At this inspection we found the service had made all the necessary improvements and remained Good.

A registered manager was employed by the service and was present throughout our inspection. 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.

Care plans were personalised and contained information about the person's preferences, likes, dislikes and what was important to them. Staff were knowledgeable about people's care and support needs and acted in accordance with the guidance in their care plans. People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest others they would like to try.

People's dignity, privacy and independence were promoted and people were treated with respect.
People were treated with compassion and kindness in their day to day care. Staff had a good understanding of people's needs including how they expressed their individual needs and preferences.

People were protected against the risks of potential harm or abuse. Staff had received relevant training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

Risks to people and their safety had been identified and actions taken to minimise these. Risk management plans were in place to ensure people received safe and appropriate care.

People's medicines were managed safely. People's health care needs were managed effectively.

People were supported to have a meal of their choice by organised and attentive staff.

Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Safe recruitment practices were followed to ensure staff were of good character and suitable for their role.

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

There were quality assurance systems in place which enabled the provider and registered manager to assess, monitor and improve the quality and safety of the service people received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good

People were protected against the risks of potential harm or abuse. Staff had received relevant training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

Risks to people and their safety had been identified and actions taken to minimise these. Risk management plans were in place to ensure people received safe and appropriate care.

People's medicines were managed safely.

Is the service effective?

Good

The service remains Good

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to the appropriate healthcare professional.

People's dietary needs and preferences were documented and known by the staff. People were supported to maintain a healthy diet.

Is the service caring?

Good

The service remains Good

People's dignity, privacy and independence were promoted and people were treated with respect.

People were treated with compassion and kindness in their day to day care. Staff had a good understanding of people's needs including how they expressed their individual needs and preferences.

People were supported to maintain relationships with people who were important to them.

Is the service responsive?

Good

The service was Good

Care plans were person centred and reflected people's preferences, likes and dislikes. People's care and support needs were regularly reviewed to ensure they received appropriate care.

People's social needs were met through a range of activities which were supported by staff members. People could choose which activities they would like to take part in.

A system was in pace for people and their relatives to raise their concerns or complaints.

Is the service well-led?

Good

The service remains Good

There was a registered manager in post who were responsible for the day to day running of the service.

Relatives and staff spoke positively about the leadership in the home.

There were processes in place to enable the provider and registered manager to assess and monitor the quality of the service and make improvements where necessary.

Dramsdon

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and took place on 21 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. As people using the service were unable to verbally tell us their views about all aspects of the care they received, we spoke with three relatives about their views on the quality of the care and support being provided to their family member. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. During the visit we met all five people who use the service. We spoke with the registered manager, deputy manager, area care manager and two care staff.

Good

Is the service safe?

Our findings

People continued to receive a safe service. Relatives told us they felt staff knew how to keep their family member safe. Their comments included "Yes he is safe and well looked after. The care he receives gives me peace of mind" and "They encourage (person's name) to be independent but also make sure (person's name) is safe. I don't need to worry". People were relaxed and smiled in response to staff supporting them which indicated they felt comfortable with staff.

People continued to be safe as risks were identified and managed appropriately. Records showed detailed risk assessments were in place to support people to maintain their independence whilst remaining safe. Staff had sufficient information about people's behaviours that may challenge the service and others. Specific risk assessments and guidance was in place to support staff to keep people safe.

People were protected from the risk of harm and abuse because staff knew how to keep them safe. Staff had received training in the safeguarding of vulnerable adults and were aware of the provider's safeguarding policy and whistleblowing policy on raising concerns about poor practice. Staff were aware of their responsibility to report any concerns and knew what actions to take should they suspect abuse had taken place. They felt reassured that they would be listened to and appropriate action would be taken by the registered manager to resolve the situation.

People continued to receive the support they required with their medicines. There were appropriate facilities for the safe storage of medicines. People received the necessary support to take their medicines as prescribed. Most medicines were delivered in four-weekly monitored dosage packs supplied by the local pharmacy. The service followed safe procedures when ordering repeat prescriptions and new stocks were checked in to the home on delivery. Medicine records and stocks of medicines were checked regularly and running totals of medicines recorded. These monitoring checks ensured that any potential errors in administration were picked up and addressed promptly.

Staff had received training and guidance in medicines management to ensure they had the right skills to support people safely. Assessments were undertaken by the registered manager and deputy manager to ensure staff were competent in the administering of people's medicines. We saw staff explaining to people when it was time for them to receive their medicine and were aware of the best approach to encourage the person to take their medicine.

People received support from suitably skilled staff to keep them safe and to meet their needs. Staff told us and rotas confirmed there were sufficient numbers of staff with the appropriate skill mix to meet people's needs. The registered manager explained that staffing levels would increase when needed to support people to attend healthcare appointments. Safe recruitment and selection processes were in place. Appropriate checks continued to be undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal

record and whether they are barred from working with vulnerable adults.

The premises remained well maintained and safe. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Cleaning responsibilities were identified in cleaning schedules which staff signed to say when tasks had been completed.

Good

Is the service effective?

Our findings

People continued to receive care from staff that had the skills and knowledge to meet their needs. New staff members received a comprehensive induction to their role and were equipped with the skills they needed to support people appropriately. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. Induction also included staff shadowing experienced staff members. Records showed staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was provided.

Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; training and development opportunities and other matters relating to the provision of care for people using the service. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff felt supported by the registered manager and felt they could approach them outside of these formal meetings for guidance and advice.

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).

The registered manager and staff remained knowledgeable about MCA and were able to explain how they applied it principles when supporting people to make decisions. Staff gave examples of how a people's best interests were taken into account if a person lacked capacity to make a decision. For example, when people were supported to make decisions relating to healthcare checks. All necessary DoLS applications had been submitted by the registered manager.

People were supported to plan their own meals each week. Picture cards of people's preferred foods were used to support people to make choices. Staff knew each person's likes, dislikes and dietary needs and alternatives were offered if people did not like the main meals on offer. We observed people being supported to choose food and drinks during our visit. Where people were at risk of malnutrition their food intake and weight was monitored. Dietary requirements for health or culture were provided to meet people's diverse needs.

People's health needs continued to be met by staff who ensured they received support and treatment from the relevant health and social care professionals. The home had arrangements in place to make sure people were able to attend appointments and check-ups for all health needs. Staff told us they supported people to see a health professional such as a doctor, dentist or optician as required. Contact with health professionals was recorded in people's records. This showed people's day-to-day health needs were met. People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had a 'Hospital Passport' which contained essential guidance for nursing staff and doctors on how best to support the person, should they be admitted to hospital. Relatives told us they were kept up to date with any changes to their family member's health and appointments they had attended.

Good

Is the service caring?

Our findings

Relatives spoke positively about the care and support their family member received. Their comments included "This is a lovely home we are very pleased with the way they are looking after (person's name), "They think about what they can do to make if feel like it's (person's name) home. It's all very personal" and "It's the best home (person's name) has been in. The care they provide really suits him".

Staff knew people well and understood their needs and the support they required. They used this knowledge to ensure they supported people to meet their individual needs. For example, some people were not able to vocalise what it was they wanted. Staff knew people's different methods for communicating such as signing, body language and facial expressions.

People had good relationships with staff members and they did not hesitate to frequently ask for help and support. Staff members spent time with people. We saw people being treated in a kind and caring manner. For example, when one person became anxious staff spent time with them explaining what was going to happen next. They held the person's hand and offered them their preferred hot drink. They stayed with the person until they stopped expressing their anxiety and they then chatted about things that made the person laugh and smile. People moved freely around the home choosing to sit in the communal areas or go to their bedrooms.

All staff were able to talk about how they promoted people's rights and choices. One member of staff talked about the importance of involving people in decisions about their daily lives. They told us "It's important to always ask people what they want. To help people make decisions I will show them items to help them choose". We observed this during lunchtime where people were shown a selection of tinned soups to help them choose which one they wanted.

People's privacy and dignity continued to be respected. Staff provided care in a way that maintained people's dignity and upheld their rights. When people received personal care staff made sure this was done behind closed doors and at a pace appropriate for the person.
People had their individual bedrooms which they could use when they wanted.

People continued to be supported to maintain important relationships with people that mattered to them. Relatives said they could visit at any time and were always made to feel welcome.

Good

Is the service responsive?

Our findings

At the last inspection in April 2015 we found people were not always protected from the risks of unsafe or inappropriate treatment because accurate and appropriate records were not maintained to ensure people's needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the inspection and said they would take action to ensure accurate and appropriate records were in place and maintained by July 2015. At this inspection we found the provider had taken action to make the necessary improvements.

Each person had a care plan that was tailored to meet their individual needs. Care plans provided comprehensive, detailed information about people including their personal history, individual preferences, interests and aspirations. They were centred on the person to ensure people received the correct care and support. For example, they included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being.

People's care plans described how they were to be supported to maintain their independence. People's personal care plan described what they could do for themselves and what tasks or activities they required support with. People were supported by staff to be independent where possible.

Relatives confirmed they continued to be involved in planning and reviewing their family members care and support. One relative told us "They are really proactive here. They are working with us on how best we can support (person's name) to access new opportunities". There was a review for one person taking place on the day of our inspection. It was explained to the person that the meeting was taking place and they were asked if they wished to attend. The person declined this offer and this was respected by staff. In each person's care plan there was an introduction which explained that as the person was unable to write their own support plan the plan had been written by staff, family and other professionals who knew the person well. Where one person was able to express how they wished to receive their care and support their involvement had been recorded in their care plan.

Throughout the inspection we saw staff spent time with people to make sure they received the care and support that was centred on them. We saw staff were responsive to people's request for support. For example, one person brought an empty bowl to staff. The staff member understood this meant the person wanted a snack and responded immediately by filling the bowl with the person's sweets. Requests for drinks were responded to promptly with nobody having to wait.

People continued to be involved in various activities within the community. These included trips to the local shop and pub. On the day of our inspection three people were supported to go out for their lunch. One person who chose not to go out was supported to take part in some arts and crafts in the home.

Where people were unable to access the community the registered manager had taken steps to meet people's cultural needs by arranging for a member of the church to attend the home to support the person

with practicing their faith.

Relatives knew how to make a complaint and had access to the provider's complaints procedure. One relative told us "I have never needed to make a complaint but I can talk to the manager with any concerns I have". There was a system in place where people could send a postcard to head office who would then send someone to the service to investigate the person's concerns. Staff were aware that people living in Dramsdon would need support to do this. One staff member explained "We observe people to ensure they are happy with the service. If we saw someone had become unhappy with any aspects of their care then we could post the card on their behalf".

People's needs continued to be identified when they had moved from other services. The registered manager liaised with other agencies to ensure they had received all the relevant information about the person to help staff understand their needs and ensure the person received care and support in their preferred manner.

Good

Is the service well-led?

Our findings

A registered manager was employed by the service and was present throughout our inspection. 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.

Since our last inspection in April 2015, people and staff continued to benefit from a service that was well-led by the registered manager. Relatives and staff spoke positively about the registered manager. Their comments included "The manager is on the ball with what staff are supposed to be doing. She will always make me aware of any changes", "The style of management here makes it easy for you to give your best. The leaderships is good" and "The manager is brilliant. She is on top of everything".

Relatives we spoke with complimented all of the management team which also included the deputy manager and a recently appointed senior worker. One relative told us "(registered manager's name), (deputy manager's name) and (senior support worker's name) are all very good. There's a lovely atmosphere when you walk in and I can raise any concerns I have with any of them".

The registered manager was aware of their responsibilities and had notified the Care Quality Commission of any notifiable events or incidents. They were open about how the service provided support to people and were passionate when they spoke about how they wished to improve the service for people living in Dramsdon.

The quality of care and service continued to be maintained. Regular checks and audits were carried out. Any shortfalls identified were addressed to improve the care people received. Audits completed included health and safety, infection control and safe medicines management. Care plans and risk assessments were regularly reviewed which ensured they contained accurate and up to date information.

A schedule of staff supervision, discussions on working practices, team meetings and training received was maintained to ensure staff had the appropriate skills and knowledge to do their roles effectively.

All accidents and incidents which occurred in the home continued to be recorded. These records were seen by the registered manager to make sure they were aware of all significant incidents. This allowed them to analyse the information for any patterns or trends. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

People continued to receive appropriate care and support because the service worked closely with other health and social care professionals.