

# The White Horse Care Trust

## Dramsdon

### Inspection report

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Date of inspection visit:  
23 September 2019

Date of publication:  
31 October 2019

### 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

### About the service

Dramsdon is a residential care home providing personal care for up to five people with learning disabilities and/or autism. There were five people living there at the time of the inspection. Dramsdon is a bungalow set in large gardens, within the village of Shalbourne.

### People's experience of using this service and what we found

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when they were in the company of people.

People were supported by staff that were recruited through robust recruitment processes and had been trained effectively. Staff were aware of the different types of abuse and what action to take if there were concerns. There were sufficient members of staff on duty. Medicines were managed safely with safe systems in place to order, store, administer and dispose of medicines. Risks had been identified and risk management plans were detailed and reviewed.

People had their needs assessed which included health care needs. Support to access health care services was provided. 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.

Individual care plans were devised on how staff were to assist people to meet their needs. Communication needs were assessed and recorded in a communication passport. People were able to engage in social activities in their home and the local community. The service had built its own sensory lodge for people with sensory needs to aid their relaxation and de-escalate anxieties.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good, report published 03 April 2017.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Dramsdon

## 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 was carried out by one inspector.

#### Service and service type

Dramsdon is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 a manager 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information, we held about the service. The registered manager completed a 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 looked at Notifications we had received for this service. Notifications are information about important events the service is required to send to us by law. We used all of this information to plan our inspection.

#### During the inspection

We observed the interactions and behaviours of three people who lived at Dramsdon. We looked at three

people's care records. We also reviewed staff personnel documents, training and supervision records and a range of records about how the service is run. We spoke with the area care manager, the registered manager, the deputy manager and three members of the care team.

After the inspection

We spoke with two relatives who were able to give us feedback. We contacted two health and social care professionals who visit the service but did not receive a reply.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm because systems and processes that safeguard people from abuse were in place.
- People's relatives told us their family member was safe living at Dramsdon.
- Systems were in place to keep people safe. Staff knew how to identify safeguarding concerns and act on them to protect people. Processes were followed appropriately.
- Staff told us they had received safeguarding training and we confirmed this from training records.
- The registered manager knew their responsibility to report any concerns to the relevant authorities and to notify us about safeguarding concerns.

Assessing risk, safety monitoring and management

- People were protected from risks.
- People had individual risk assessments which contained guidance to staff on how to minimise the risk identified. For example, one person had a diagnosis of anxiety. The guidance for staff was to use a 'weighted blanket' to support them with feelings of anxiety, as per occupational therapist guidelines. Other assessments included risks of falls, risks using a sensor mat and specific mobility equipment.
- People had a 'missing person' sheet which detailed important information for emergency services such as communication methods, appearance and a photograph. Personal emergency evacuation plans detailed the assistance each individual required to safely evacuate the property.
- Environmental risks identified were checked and reviewed monthly. These included, lighting, electricity and gas supplies and fire safety.

Staffing and recruitment

- People were being supported by staff who had been recruited safely. Pre-employment checks including a Disclosure and Barring Service check (DBS) had been completed. A DBS check allows employers to make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups of people.
- There were sufficient numbers of staff available to support people. Staffing levels were based on people's individual needs, including one to one support and accessing the community safely.

Using medicines safely

- Medicines were managed, administered and stored safely.
- Staff received training and refresher courses in medicines administration.
- Medicine Administration Records (MARs) and cream charts were completed correctly. Medicines

prescribed to be taken 'as required' and over the counter medicines had the appropriate protocols in place and were recorded.

- There was a regular and robust medicines audit in place. There were no errors at the time of the inspection.

#### Preventing and controlling infection

- There were cleaning schedules in place. Dramsdon was clean and smelt fresh.
- People were encouraged to join in with the cleaning of their rooms and parts of the communal areas to maintain and promote independence skills.
- Staff had access to plenty of personal protective equipment and there were NICE guidelines on hand washing and prevention of transmittable viral infections.

#### Learning lessons when things go wrong

- Accidents and incidents were logged by staff and reviewed by the deputy and registered manager.
- The provider used an electronic monitoring system for senior managers to analyse themes and trends and provide actions to reduce re-occurrence.



# 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were fully assessed prior to moving into Dramsdon. Assessments ensured people's needs could be met by the staff.
- The assessments were multi-disciplinary using information and knowledge from health and social care professionals. Staff worked alongside physiotherapists, occupational therapists and nurses from the community team for people with learning disabilities.
- Individual support plans were then developed from assessments. They included people's likes and dislikes and how they preferred to be supported.
- People were supported to attend health appointments in their community and an annual Cardiff health check specifically for people with a learning disability.
- People had individual hospital passports which detailed essential information on how best to support the person should they be admitted to hospital.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, skilled and knowledgeable.
- The provider had introduced an electronic training programme which gave staff easy access to online training and refreshers. The management team had oversight via a training matrix and could keep up to date with who had completed and who were required to complete training modules.
- Staff we spoke with told us they received regular supervision, both formally and informally. They told us, "The door is always open" and "I can ask about anything when I need to."
- New staff completed an induction and were mentored throughout their learning period. Staff were observed to ensure they were competent to work independently.

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

- People's food and meal preferences were documented in their care plans. Staff knew what individual people liked and supported them to prepare a meal plan.
- We observed people being offered plenty of drinks and given choice. Daily records showed where people were offered a choice and which meals were eaten.
- One person required a specific diet for a medical condition. The registered manager ensured that all staff had an 'app' on their phones to check the content of food being bought or eaten. This meant staff felt confident they were supporting the person's nutrition safely.

Adapting service, design, decoration to meet people's needs

- Dramsdon was an adapted bungalow set in its own large grounds within a village location.
- Each person's room had been decorated according to their likes and were all individual. The communal areas and corridors were wide which allowed easy access and manoeuvring around the building for people using mobility aids.
- The registered manager was successful at ensuring the bungalow had permanent solid ramps installed by the landlord. This had ensured safe evacuations as well as safe and independent access into and out of the building for a person using a wheelchair.

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.

- The service was fully compliant with the requirements of the Mental Capacity Act 2005.
- Mental capacity assessments and their corresponding best interest decisions had been completed.
- The registered manager had made appropriate applications to local authorities for DoLS and had a 'tracker' system in place to check on progress.
- Staff we spoke with were knowledgeable about the Act and how to apply this in their work with people.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and staff interaction was friendly and respectful.
- People who were able to speak with us told us they liked living at Dramsdon and liked the staff. Other people were observed to be relaxed in staff presence.
- Staff intervened promptly when people showed any sign of distress, providing care and support which de-escalated the situation. For example, the registered manager knew that the inspector's presence (a stranger) may upset one person. They were aware of the vocal signs of the person's distress. They made arrangements for a staff member to provide one to one care to take the person out on a trip, to distract and de-escalate their anxiety.
- Staff told us about one person who had experienced abusive care in the past and how this had impacted on their ability to trust support workers. The staff and management had worked gradually and patiently to build the person's confidence, finding different ways of managing personal care tasks. By being gentle and compassionate they had built good relationships and were able to support the person to a greater degree than when they first arrived. Their relative was highly complimentary about the way the staff cared for their family member and the improvements they had made to their family members life.

Supporting people to express their views and be involved in making decisions about their care

- People's communication needs were assessed when they moved into the service. Their individual methods of communication were recorded in a communication passport and staff knew people's nuance of communication well.
- People were offered choices and staff acknowledged and acted on their decisions.
- People's relatives told us they never had any worries about their family member living at Dramsdon. One person told us, "The staff are very caring, it is the best place [their relative] had been, it is his home for life." Another relative told us the service was, "Spot on for everything" and they were, "very caring, accommodating and did their absolute best for [their relative]."

Respecting and promoting people's privacy, dignity and independence

- People were respected by the staff.
- People's care plans contained details on how people preferred to be supported.
- Staff told us how they would support people in a dignified and private manner whilst providing personal care.
- Staff were knowledgeable about the areas of support people were able to manage independently and areas where they required support. Care was never rushed and people were supported with compassion

and sensitivity.

# 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

- People received person centred care that was responsive to their needs.
- The registered manager organised a fundraising project to raise funds to build a sensory lodge within the garden space at Dramsdon. Neighbours from the village, people, their families and staff had undertaken many fundraising events and raised enough to build the lodge and furnish it with sensory equipment for the people living at Dramsdon to use. Previously, people had to visit a sensory room several miles away which impacted on the benefit of the experience due to travelling.
- The registered manager proudly told us they were, "Over the moon" with the success and the positive impact it has had on people's anxiety and on behaviours that challenge others and staff. People were able to easily use the lodge as and when required. This had resulted in a significant reduction in the use of medicines for anxiety.
- Relatives we spoke with were equally complimentary and highly appreciative of the sensory lodge being readily available for their family member. They told us it had made a big difference in their family members experience and behaviour.

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 service was fully compliant with the AIS. People and staff had access to and used a variety of communication aids to meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in touch with important people in their lives and to access their local community. This included receiving support to send birthday and Christmas cards.
- One person enjoyed a routine of visiting the local post office daily and a weekly visit with family to have a meal or cake and coffee.
- Another person was supported to visit their family home monthly. The relatives we spoke with enjoyed this visit immensely as they described their family member as being, "Excited to go back home (to Dramsdon)." This gave them peace of mind that their family member was happy and well cared for.
- People were involved in many different types of interests and pass times and accessed the local community regularly. For example, swimming, the local vintage car show, religious festivals such as Harvest

Festival and Christmas.

- Care plans and daily recordings detailed what the person had done, whether they liked it or not and how it had impacted on their well-being.

Improving care quality in response to complaints or concerns

- The service had a complaints log and policy in place. The complaints policy was clearly on view in the home and had been given to people's families. It was available in different formats for appropriate communication, so people were made aware of their rights to complain.
- We saw many compliments and one complaint from a neighbour was managed using the providers protocols and had been resolved.

End of life care and support

- Last wishes were documented for some people and there was a template in place ready for palliative care when needed. The service had taken guidance from a local hospice.
- Treatment and escalation plan's or DNARs were to be discussed with the GP and families. The registered manager told us they would continue to liaise with families to develop end of life care plans for every person.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been in post for fourteen years and was passionate about her role in promoting a person centred and empowering culture within the service.
- Staff we spoke with and relatives told us the registered manager was, "Excellent", "Marvellous", "Knows [my relative] so well", "runs the service really well" and is, "Very supportive."
- The registered manager continually sought ways and worked hard to achieve good outcomes for people. Examples of this were the permanent accessible ramping and patio externally to allow people easy access into and out of their home. As well as the sensory lodge, which had been a big success and had improved people's outcomes by reducing their anxiety and the use of tranquiliser medicines.

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

- The registered manager was fully aware of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had introduced a new staffing structure which included the registered manager, a deputy, two care leads and key workers. The registered manager was supported by the Area Care Manager and Training Manager. This meant responsibilities were shared and several levels of management were in place to have oversight of audits and quality monitoring.
- There were quality assurance and audit systems in place which were recorded electronically and reviewed by the senior management team. This meant any action plans were developed and any areas for improvement were acted on in a timely manner.
- The service had recently had the providers new electronic care planning and monitoring systems installed and were in the process of transferring information and becoming accustomed to the new way of working. The registered manager and staff were positive about the change and felt it would be accurate and easy to use. The registered manager was complimentary about the system eventually being accessible for people's relatives. This meant where appropriate relatives would be able to view what their family member had done on any given day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People their relatives and staff were asked to complete annual feedback questionnaires.
- The service had a good relationship with their neighbours in the local village. People were supported to access the local church for church services and the local vicar regularly visited the home.

#### Continuous learning and improving care

- The provider was continuously looking for ways to improve the service provided for people, this is evident in the introduction of new technology being used for care planning, auditing and governance.
- The service continued to look for areas to improve care and outcomes for people, such as the sensory lodge. In addition, two people who transferred to Dramsdon from other services, had been unable to mobilise independently. Following assessments, professional guidance and regular staff support they both used mobility aids to walk unsupported.

#### Working in partnership with others

- The service works in partnership with professionals in health and social care. The registered manager attends managers meetings and forums regularly to share learning and gain support.