

Mrs Vicki Ann Fowler

# Caring Hands (Wiltshire)

## Inspection report

Battle Lake Farm  
Braydon  
Swindon  
Wiltshire  
SN5 0AA

Tel: 01793772777

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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

Caring Hands (Wiltshire) is a small care home which provides accommodation and personal care for up to seven older people. At the time of our inspection six people were resident at the service.

This inspection took place on 26 January 2016 and was unannounced.

The registered provider is an individual who is in day to day charge of the home and was present throughout the inspection. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I'm very happy. You couldn't get any better", "They look after us very well" and "The staff know my particular needs very well. They understand what I need and how to provide care for me".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback and there were clear complaints procedures.

The provider regularly assessed and monitored the quality of care provided. The service encouraged feedback from people and their relatives, which they used to make improvements.

## 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. People who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and staff supported them to manage the risks they faced.

### Is the service effective?

Good ●

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with community nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and knew what to do if people were not able to consent.

### Is the service caring?

Good ●

The service was caring. People spoke positively about staff and the care they received. We observed staff interacting with people in a caring and supportive way.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

### Is the service responsive?

Good ●

The service was responsive. People were supported to make their views known about their care and support. People were involved in planning and reviewing their care plan.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and supported people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

**Is the service well-led?**

The service was well led. The provider promoted the values of the service, which were focused on providing individual, quality care. The provider worked in the service each day and had a good relationship with people.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

**Good** ●

# Caring Hands (Wiltshire)

## **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.

This inspection took place on 26 January 2016 and was unannounced.

The inspection was completed by one inspector. Before the inspection, the provider completed a 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 reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with all six people who use the service, three care staff and the registered provider. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

All of the people we spoke with said they felt safe living at the home. Comments included "I'm very happy. You couldn't get any better" and "They look after us very well".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. No safeguarding concerns had been raised at the service since the last inspection.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to minimise the risk of falls, maintain suitable nutrition and to have more control over the administration of their medicines. People had been involved throughout the process to assess and plan management of risks and their views were recorded on the risk assessments. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Staff confirmed these checks had been completed before they were able to start work in the home.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, "The staff are very kind. They come quickly when I use the call bell and nothing is too much trouble". We observed staff responding promptly to requests for assistance, for example, if people wanted help with their personal care or help to get more comfortable in their chair. Staff told us they were able to provide the support people needed, with comments including, "(The provider) always says the resident comes first. There are always enough staff to spend time with people", "We have got time to provide care to people. (The provider) is always available and will help out if needed" and "There are sufficient staff to provide care in the way it should be provided".

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. A medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. Staff responsible for administering medicines confirmed they had completed training to ensure their

practice was safe.

# Is the service effective?

## Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "The staff know my particular needs very well. They understand what I need and how to provide care for me" and "The staff are wonderful, we get very good care".

Staff told us they had regular meetings with the provider to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "We have regular one to one meetings with (the provider). It helps us to set our goals" and "I feel well supported. People would be pulled up for not working in the right way".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Staff told us the training they attended was useful and was relevant to their role in the home. Comments included, "(The trainer) is fabulous, he is able to apply the training courses to specific circumstances in the service" and "(The trainer) is brilliant. He will tailor training courses to our specific learning styles". Staff demonstrated a good understanding of people's needs and how to meet them.

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 legally authorised under the MCA. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and demonstrated a good understanding of its principles. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary. The provider had made contact with the local authority in response to concerns over one person whose capacity fluctuated. The provider was monitoring the issue to decide whether a DoLS application was necessary.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is excellent. I can choose something different if I want to" and "The food is smashing. I have coeliac disease and they cater for my needs very well". On the day of our visit we saw that lunch was a relaxed, social occasion, with people chatting and laughing during the meal.

People told us they were able to see health professionals where necessary, such as their GP or community nurse. People's support plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed



and health staff to be contacted.

## Is the service caring?

### Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very respectful. They look after me very well" and "The girls are very kind, they look after us very well". People and their relatives who had used the service for a short stay had made comments about the care they received, including "A lovely place to come, very efficient. I would come again any day" and "Thank you all for the wonderful care that you gave my father during his stay with you. You all went above and beyond to make sure he was happy and safe. It was all the little extra things that made such a big difference". One person wrote to the provider to thank them for also looking after their chickens whilst they were staying at the home.

We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, staff provided discreet support for people to use the toilet when they had requested help and supported people move to a quiet area to have private discussions. One member of staff told people when they were finishing their shift and discussed what they would do next time they were working.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. We saw staff discussing items on the news with people and discussing social events that were happening later in the week. People had clearly developed positive relationships with staff, laughing and appearing relaxed.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with the provider to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans.

People who wanted to were supported to attend a weekly lunch club in the village. People told us they looked forward to this as it kept them in touch with people they had known for many years. This helped to ensure people did not become socially isolated.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. Staff told us this was very important to the provider, who always told them 'residents come first' and people must be treated with respect. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example not discussing personal details in front of other people.

## Is the service responsive?

### Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. People were supported to take part in a range of activities they had planned out with the provider. In addition to a weekly lunch club, the provider supported people to entertain friends and family in the home. This included laying on buffet lunches for groups of friends, holding WI meetings and tea parties. The home had a wide selection of books, games and films that people were supported to use. People were supported to go on holidays and to have trips out to places of interest.

Each person had a care plan which was personal to them. The plans included information on maintaining people's health, their daily routines and goals to maintain their skills and maximise independence. The care plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback in these reviews

The care plans contained information and assessments from health professionals where relevant. This included input from a memory clinic nurse about techniques to support one person when they became confused and input from a district nurse regarding pain management medicine for another person.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in. The provider discussed the complaints procedure with people as part of their regular review of their care. This helped to ensure people were aware of the action they could take if there was anything they were not happy about and gave people the opportunity to raise issues with the provider directly.

The provider had systems in place to record and monitor any complaints received, to ensure action was taken, the complainant was informed of the investigation outcome and any lessons were learnt. There had not been any complaints received by the service since our last inspection.

In addition to the individual meetings to gather views from people, there were regular residents meetings. The results of this feedback were collated and actions planned to address any issues or concerns that were raised.

## Is the service well-led?

### Our findings

The registered provider was an individual who was in day to day charge of the service and lived on the premises. The provider had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Staff told us the provider often reminded them 'the resident comes first' and said this was the basis for how everything was organised in the service.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the provider had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff told us they liked working at the home because they were able to provide a more personalised service to people. Staff liked being able to get to know people very well due to the small size of the service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was clear leadership and staff told us the provider gave them good support and direction. Comments from staff included, "There is good teamwork. The provider is very clear about expectations and how she wants people to work" and "I feel well supported. There are strong values and expectations set by the provider".

The provider completed regular audits of the home and used an outside organisation to help assess the quality of the service provided. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how the provider expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the provider worked with them to find solutions.