

The White Horse Care Trust

Forestview

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	

Overall summary

Forestview provides accommodation including personal care for up to 8 people with a learning disability and associated health needs. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon. At the time of our inspection 8 people were living in the home. The home is on one level with a communal lounge, dining and kitchen area.

The inspection took place on 05 January 2016. This was an unannounced inspection. During our last inspection in January 2014 we found the provider satisfied the legal requirements in all of the areas that we looked at.

A registered manager was employed by the service. 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.

Summary of findings

People living at Forestview were not able to verbally tell us what they thought about the care and support they received. Relatives spoke positively about the high standard of care and support their family member received.

During the inspection, there were sufficient staff available to support people effectively. Staff spent time with people and responded to their requests for support. People were not rushed and not left waiting for assistance. Staff told us that cover was available when staff took annual or sick leave. The registered manager explained that they would also provide cover when necessary.

Throughout the inspection we saw people being treated with kindness and compassion. People looked comfortable with staff and did not hesitate to seek assistance or support when required. Staff knew the people they were caring for, and treated people as individuals.

Staff knew how to identify if people were at risk of abuse and what actions they needed to take should they suspect abuse was taking place. The registered manager dealt with and responded to all safeguarding concerns.

People were supported to eat a balanced diet. There were arrangements for people to access specialist diets

where required. There were snacks and drinks available throughout the day during our inspection. People's health needs were monitored and they had access to health care professionals as required.

People's medicines were stored and managed safely. Staff signed to say when people had received their medicines as prescribed. There were protocols in place for people who may require 'as and when necessary' medicines.

Where required people had specialist or adaptive equipment in place to support staff to meet their care needs. People had equipment, such as walking frames, where required to support them to maintain their independence.

Arrangements were in place for keeping the home clean and hygienic to ensure people were protected from the risk of infections. During our visit we observed that bedrooms, bathrooms and communal areas were clean, tidy and free from odours.

There were systems in place to respond to any emergencies. Staff had access to a 24 hour on call system to enable them to seek advice in an emergency.

The registered manager and provider had systems in place to monitor the quality of service people received. People, where able, their relatives and staff were encouraged to contribute to the development of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People were safe because they were protected from avoidable harm and potential abuse. Staff had an awareness and understanding of the signs of abuse. They felt confident any concerns raised would be taken seriously by the management team and where necessary acted upon.

Staff managed situations in a positive way to protect people's dignity and rights. Where people displayed behaviour that maybe seen as challenging, positive behaviour support plans were in place to offer staff guidance on how best to support the person.

People's medicines were stored securely. People received their medicines safely and as prescribed. There were processes in place for medicines requiring disposal.

Good



Is the service effective?

This service was effective.

Staff told us they felt supported. There were arrangements in place for staff to be able to discuss their work performance, training requirements and any concerns they may have. Staff received regular meetings with their line manager.

Staff and managers had an understanding of the Mental Capacity Act (2005). People were always asked for their consent before any care or support was provided by staff.

People's health needs were constantly reviewed. Where required the service engaged with the relevant health and social care professionals.

Good



Is the service caring?

This service was caring.

People received care and support from people who knew their history, preferences and needs. We saw that relationships between staff and people receiving support consistently demonstrated dignity and respect at all times.

Staff communicated effectively with people using the service. Staff spent time with people and had a genuine interest in their wellbeing.

Throughout our inspection people using the service looked relaxed and comfortable in the company of staff. They didn't hesitate to ask for assistance when required.

Good



Is the service responsive?

This service was responsive.

People received consistent, personalised care and support. Care plans contained information on people's needs, choices and preferences.

People's changing care needs were identified and care plans updated to reflect this. Staff were informed of any changes with people's care needs in a daily handover.

Good



Summary of findings

Staff explained that due to people's limited communication it was their responsibility to monitor people's satisfaction with the care and treatment provided. They told us if they thought people were unhappy they would seek to find out why and report their concerns to the registered manager.

Whilst happy with the services their family member received relatives told us they would feel comfortable raising any concerns they had and could speak with any member of staff or the management team.

Is the service well-led?

This service was well-led.

The provider and registered manager had systems in place to monitor the quality of service.

There was a registered manager in post who was responsible for the day to day running of the home. They were supported by two deputy managers.

Staff told us they understood of the values of the provider. This included keeping people safe, promoting their independence and ensuring people received care, which met their needs.

Good



Forestview

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 05 January 2016 and was unannounced. One inspector carried out this inspection. During our last inspection in January 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with the relatives of two of the people living in Forestview about their views on the quality of the care and support being provided to their family member.

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, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the registered manager, deputy manager and three care staff. Prior to our inspection we contacted health and social care professionals who work alongside Forestview. We received positive feedback regarding the care and support offered by the home.

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.

Is the service safe?

Our findings

People were safe because they were protected from avoidable harm and potential abuse. Staff had an awareness and understanding of the signs of abuse. Staff described the signs they would look for, such as a change in people's behaviour and how they would consider abuse as a possible reason for this. They were aware of their responsibilities to report any suspicion or allegation of abuse. They felt confident any concerns raised would be taken seriously by the management team and where necessary acted upon. One staff member said "People living here can be vulnerable; it's up to us to keep them safe". Any concerns about the safety or welfare of a person were reported to the registered manager who investigated the concerns and reported them to the local authority safeguarding team, police and CQC as required.

People were not able to tell us whether they felt safe living at the home. However we saw people did not hesitate to approach staff to seek support and assistance when needed. This indicated they felt safe around the staff members. We spoke with three relatives who had no concerns or anxieties about the service. One relative said "They do a great job and we can pop in anytime. I feel X is very safe living here".

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example the provider had carried out risk assessments in relation to accessing the community and the safe moving and handling of people. Personal Emergency Evacuation Plans (PEEPS) had been completed for people using the service and these took into consideration people's support requirements during a fire evacuation. Staff we spoke with told us that risks assessments were very much about enabling a person to do something safely rather stopping people from taking part in activities. One staff member told us "Whilst risk assessments are in place to keep people safe it's also about maintaining people's independence".

People's medicines were managed safely. The majority of medicines were dispensed from a monitored dosage system (MDS). This is a storage system designed to simplify the administration of solid, oral dose medicines. The medicines are usually dispensed into the MDS by a pharmacist, which reduces the risk of error. Staff removed

the medicines from the dosage system and gave them to the person, in a way which they preferred. Staff signed the medicine administration record after each administration. This gave an accurate record of the medicines people had taken. Signatures were checked at each handover by the shift leader to ensure that people had received their medicines as prescribed and staff had signed to confirm this had happened.

We spoke with the registered manager who explained that only staff who had undertaken training in the administration of medicines could administer people's medicines. If an error occurred then this would be recorded on an incident sheet. If necessary the Doctor would be contacted for advice. This would also be addressed with the individual staff member. People received a medicines review each year with their GP to ensure medicines received were still fit for purpose.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. 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.

There was enough qualified, skilled and experienced staff to meet people's needs. The registered manager explained they were responsible for completing the roster to ensure there were always sufficient staff members on duty. Staff said there were sufficient staff to meet the needs of the people they were supporting and that cover for staff sickness and annual leave was always provided. People were given assistance in a timely manner and staff spent time talking to people. People were well supported and there was a staff presence throughout the home.

Measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which staff followed to ensure all areas of the home were appropriately cleaned. Colour codes were used for cleaning materials and equipment to prevent cross contamination. We found bedrooms and communal areas were clean, tidy and free from odours. The

Is the service safe?

service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. Relatives told us they were happy with the standard of cleanliness in the home.

Is the service effective?

Our findings

People were supported to have enough to eat and drink. The deputy manager explained there was no set menu. People chose each day what they wanted to eat for breakfast, lunch and dinner. Picture cards were in place to support people's choice. People were also shown items to help them choose. For example, one person had entered the kitchen to request a drink. The staff member showed them the tea and coffee canister to help them choose which drink they wanted. The person pointed to the coffee canister as their choice. People were also shown the biscuit tin so they could choose their own snack. People were regularly offered drinks and snacks such as biscuits or fruit in between meals. One person each day would pick the main meal of the day. Staff explained that if people did not like this choice then there were alternatives available.

Care plans included information on the person's nutritional needs. Where risks had been identified, we saw people had been referred to specialists such as speech and language therapists (SALT) or dieticians. Staff followed the advice provided to minimise the risks. For example, to minimise the risk of choking, staff used thickeners in drinks or ensured people had access to 'soft' diets. Staff supported people if they needed assistance to ensure they had enough to eat and drink to maintain good health.

Staff told us they supported people to see a health professional such as a doctor or optician when they needed to. Contact with health professionals were recorded in people's records which showed people's day-to-day health needs were met. There was good communication between staff during handovers. There was a diary where health appointments were recorded. It was also evident from care files that people were referred to relevant professionals such as Speech and Language Therapy and physiotherapy for mobility. One relative told us their family member saw the doctor often. They said "When X was in hospital they supported and were there for him the whole time. I feel very lucky with the care he receives".

The registered manager made sure that the needs of people using the service were consistently met by staff who had the right skills, knowledge and experience. Staff received a thorough induction which included shadowing an experienced member of staff. One staff member told us the induction had supported them to carry out their roles

and responsibilities correctly. Care staff had the skills and knowledge to support people effectively and this was supported by core training they had completed, such as mental capacity, health and safety, safeguarding, moving and handling and more condition specific training such as epilepsy. Once completed training was recorded on the training matrix and this was monitored to ensure training was completed as required by the provider. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service.

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported by both the registered manager and deputy managers. They said they could approach them at any time to seek guidance and support. They also said they could seek support and advice from other staff members. The registered manager explained how they were supporting staff with their development. Staff who had undertaken their level three qualification in care were being supported to take on additional responsibilities such as, completing observations of new staff's working practices to ensure they were competent as part of their induction. They were also able to lead in areas such as infection control and the safe moving and handling of people. The registered manager said this would then help staff should they wish to progress their career.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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

Is the service effective?

treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of supporting people to make choices. Staff were aware that some people who use the service lacked the mental capacity to consent to their care and treatment. They showed an understanding that people should still be encouraged to make decisions and choices about their daily living. They explained people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. We

observed staff using picture cards or items to support people with making choices about their daily living. We observed staff sought permission from people before undertaking any care or support.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interest were documented to show who had been involved. During the inspection, the registered manager told us they where needed they had made applications for DoLS authorisations. Applications had been submitted by the provider to the local authority and they were awaiting a response.

Is the service caring?

Our findings

Relatives spoke positively about the care and support received by their family member. They told us their relatives were well cared for. Comments included “It’s the most wonderful place, I am so happy X lives there” and “It’s a very homely place, staff are very caring”.

Relatives told us they were involved in the planning of their family members care and support. They said that each year they were invited to a review where they could express their views on the care and support being provided. One relative told us “I get invited to a review every year. I can ask any questions and also make suggestions about their care needs”. There were records in people’s care plans of their yearly review and any actions or changes to care noted. Relatives also told us they could speak with any of the staff or management team if they had any concerns or suggestions regarding their family members care needs.

Staff members knew the people very well and explained how they used their knowledge of people to support communication. For example we saw staff asking someone if they would like a drink. They used picture cards to help the person choose their drink. The pictures were shown to the person and staff ensured they were given the time they needed to decide. One staff member explained about how they supported one person, who when offered a choice, would always say the last thing offered. To help the person understand the choices on offer they were shown either pictures or the items they were to choose from. For example at dinner time the person would be shown some chicken or sausages to help them choose what they would like to eat. The person was then able to point at their preference. The staff member said they kept a note of the choices made to ensure the person received a healthy and balanced diet and was not choosing the same item all the time. Choices were based on the person’s likes and dislikes.

People who use the service had good relationships with staff members and those who were able did not hesitate to frequently to ask for help and support. Staff members spent time with people either in a group or one to one. Staff anticipated the needs of people who were verbally unable to ask for help. We observed this was done by staff interpreting the sounds they made, their expressions and behaviour. For example one person who was in the lounge area was sat with their hands over their face. Staff noticed

this and asked the person if they were “Alright”. They then noticed the person was sat in direct sunlight and offered to close the blinds. Once they had done this the person removed their hands from their face and laughed.

People were treated with kindness and compassion throughout our visit. Staff showed a genuine interest in people and their well-being. Any requests for assistance were responded to promptly and people were not left waiting. Before undertaking any care staff sought permission from the person. For example one person was going out in the community. Staff explained to the person that this would be happening soon and could they take them to the toilet before they went out. They checked the person was ready before supporting them to the bathroom.

We received feedback from a health professional who visited the service which stated ‘In my opinion the service users are treated with respect and affection. Staff seem genuinely fond of the members of the household and will go the extra mile to ensure their welfare, staying with them 24 hours when in hospital. The service users who are able to communicate with the staff seem to like them very much and they all seem to be happy. Staff respect their likes, for example, X is always very smartly dressed with matching jewellery and her hair is always styled because this is what she wants to look like’. This information was reflected in the person’s care plan and we observed they were wearing jewellery during our visit.

People were encouraged to maintain relationships with people that mattered to them. Family members told us that they could visit the home anytime. They could also ring the home and speak to their relative in between visits.

There was information on people’s preferences and life histories. There was a folder available which contained pictures of important people, past events and celebrations. Staff explained this gave them an insight to the person, their past life, important people and events. They could also use the pictures to aid discussion with the person about past events and important people.

Those people who were able, moved freely around the home choosing to sit in the communal areas or go to their bedrooms. People’s needs and preferences had been taken into account to ensure their bedrooms reflected these. For

Is the service caring?

example one person did not like pictures hanging on the walls so their bedroom did not have any. Another person had light and sound sensory equipment for when they liked to spend time in their room.

People had access to local advocacy services although staff told us that no one was currently using this service. Where needed family members had been involved to speak on behalf of people or assist them to share their views.

Is the service responsive?

Our findings

Relatives confirmed they were involved in planning and reviewing their family member's care and support. One relative told us "I can discuss X's care with staff and they will always listen. Any advice or suggestions I make will be followed up". Another relative said "Yes I am involved in the planning of their care. I can share any ideas or concerns I may have with the staff".

One health professional feedback that they found the home responsive to people's needs. They said "Any concerns we have raised or suggestions we have made have been taken on board and acted upon. They are always willing to listen and have in the past contacted us for help and advice when they have not been sure of what to do in a situation. We were contacted for advice regarding a situation which was affecting the residents. The manager had concerns the staff were not understanding the situation correctly. We did a welfare visit to advise Forestview on what processes they should be following regarding incident reporting and possible safeguarding alerts. The manager arranged extra training for her staff because of this".

Staff knew people's needs and wishes and acted on this knowledge. Each person had a care and support plan with information and guidance personal to them. This included information on maintaining the person's health, their daily routines and preferences. Care plans were detailed and person centred; they included health action plans and future goals. For example holidays people would like to go on.

People's care plans reflected the support they needed in terms of their age, disability, religion or sexuality. For example one person liked to attend church. However their church had recently closed so the service was looking at an alternative church for them to attend. They had also noticed that when hymns were played another person sang along to them. This person was new to the service and the staff were still getting to know them. The registered manager explained they were going to try and find out if this person had previously gone to church and if it was something they might like to do. Care plans also contained information on the importance of enabling people to express their needs such as, their sexuality and for this to be done in a dignified way.

Relatives told us they had confidence in staff's abilities to respond to their family member's needs. One relative told us "They know X so well. They know their needs and their sense of humour". Another relative said "I feel very lucky that X has been able to move here. They receive love and care and I couldn't be happier". Relatives told us their family members were always happy to go back to Forestview after any visits home or outings. They felt this meant their family member was "happy" living there.

People were supported to follow their interests and take part in social activities. A staff member explained there was a mixture of activities each day which included group activities, one to one support and accessing the community. It was people's decision if they wanted to take part in any of the activities. Activities included games, shopping, bowling, swimming and taking part in household activities. On the day of our inspection we observed people taking part in a group activity. People were asked if they wanted to join in the activity. If people chose not to this was respected. The staff member offered encouragement to people to take part in the game, explaining what was required. They praised people throughout the activity saying "Well done" and "You did that really well". Some people required daily exercises to maintain their flexibility and mobility as advised by the physiotherapist. We observed that this was done on an individual basis with people.

There was a system in place to manage complaints. There had not been any complaints since our last inspection. The complaints procedure was available in different formats to support people's understanding. For example it was available in picture and easy read format to ensure everyone using the service could access the information. There was a postcard system in place where people could send a postcard to head office to state they were unhappy with the service. Head office would then undertake an investigation. Staff confirmed that people would need support to do this. One staff member explained it was their responsibility to monitor people's satisfaction with the services they were providing. They said "If I thought someone was unhappy I would try and find out what it was that was making them unhappy. I would also report my concerns to management. Families can also make complaints".

Relatives told us if they had any concerns then they could speak to any member of staff or management team. They

Is the service responsive?

felt any concerns raised would be listened to and appropriate action taken where required. Comments included “They send us information every year about how to make a complaint. They always respond to my questions.” and “I can approach anyone to raise my concerns or make a complaint, not that I’ve ever made a complaint”.

The home also received compliments from various visitors to the home such as health professionals and relatives,

which the registered manager said helped to support them to know they were doing a good job. Comments included ‘The staff are very friendly and professional. They are very welcoming. Clients are happy, tidy and clean. It’s a pleasure to visit this home’ and ‘I have found all my dealings with the staff at Forestview to be very amenable and professional’.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by two deputy managers. Relatives knew the management team and told us they felt comfortable speaking with them. Comments included “The management are fantastic” and “I can speak to management or any staff for that matter and they are on the problem straight away”. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt supported in their role and that they did not have any concerns. All staff spoken with provided positive feedback about the management team. Feedback from a health care professional stated “I have been visiting Forestview for two years and have encountered the same management team which is good. They seem to be a strong team and provide good leadership for the newer members”. The registered manager and deputy managers regularly worked alongside staff members to ensure that support provided to people was caring, respectful and promoted their privacy and dignity.

Staff were supported to question the practice of other staff members. Staff had access to the company’s Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities. Comments from staff included “I would feel comfortable raising concerns with my manager about poor practice. I would even go higher if necessary” and “I know about whistleblowing and would always report things”.

Staff were aware of the organisations visions and values. They told us their role was to ensure people’s well-being, privacy and dignity was considered and to support, encourage and maintain people’s independence whilst maintaining their safety. Concerns or issues could be discussed in staff’s one to one meetings or raised at team meetings. Staff told us team meetings were an opportunity for them to discuss ideas and make suggestions as to how

they could improve the service. For example one staff member explained, how when one person was unwell they had made a suggestion about supporting the person during this time whilst maintaining their independence.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the home managers and staff members who had responsibility for that area. The audits covered areas such as infection control, care plans, the safe management of medicines and health and safety. We saw records of recently completed infection control and fire safety audits. The audits showed that the service was meeting the standards at the time of our inspection and that no actions had been identified.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. For example, the manager explained about one person who was displaying particular behaviours. Due to the number of incidents this had been discussed at a team meeting. As a result of incident monitoring and team discussions appropriate referrals to outside health professionals had been made.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire.

To keep up to date with best practice the registered manager explained they received regular supervision, which gave them the opportunity to discuss their professional development. There were also other departments within the trust, for example, human resources from which they could seek advice and guidance. They said they attended a monthly meeting with other registered managers within the trust. This gave them the opportunity to share information and ideas. They also read articles about best practice which they shared with the staff team.

In discussion and through the provider information return the registered manager had identified some areas of improvement. They were planning to introduce observation sheets and training certificates for all new staff regarding care routines and the safe moving and handling of people. They were planning on continuing to develop a

Is the service well-led?

structured process to enable staff to progress within in their role. This had been started by giving level three staff areas of responsibility within the home. For example, infection control or the safe moving and handling of people.