The White Horse Care Trust

Tullyboy

Inspection report

2 Inlands Close
Pewsey
Wiltshire
SN9 5HD

Tel: 01672562124

Date of inspection visit:
25 January 2018

Date of publication:
26 February 2018

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

We carried out this inspection on the 25 January 2018 and was unannounced. This was the first inspection of this location since a change of provider in December 2016.

Tullyboy is a residential care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection five people were living at the home. Tullyboy is arranged over two floors, with bedrooms upstairs and downstairs, a communal lounge/dining room, shared bathrooms and an accessible kitchen. There is a large enclosed garden. The service has a minibus to support people to access the local community.

A registered manager was employed by the service who was present during our inspection. The registered manager responsibilities were currently being overseen by the area care manager. The service had employed a home manager who would be applying to become the registered manager. The home manager was responsible for overseeing the day to day running of 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.

People were happy and relaxed in the home. During our visit we observed people approaching staff for support. Staff spoke with people in a caring and considerate manner responding to requests for support without hesitation.

Staff knew the people they supported and provided person centred care and support. People's care needs had been assessed prior to them coming to live at the service. Care plans were in place and contained detailed information on how people wished to receive their care and considered their emotional, health and social care needs.

People had a range of activities they could be involved in. People were able to choose what activities they took part in. People were supported to maintain relationships with people that mattered to them.

Processes were in place to safeguard people from potential harm or abuse. Staff were aware of their responsibilities to report any concerns and were confident that action would be taken to address these. Risk assessments and guidance were in place and included information about action to be taken to minimise the risk of harm occurring.

People had access to a range of foods and drinks, with their preferences being noted in their care plans. Where required specialist diets were available, such as pureed foods. People had access to food and drink throughout our inspection.

Medicines were stored securely and administered to ensure people received them safely. People's wellbeing was monitored and staff had access to healthcare services to ensure people received appropriate healthcare support.

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 support this practice. We observed people being supported to make daily living choices during our visit.

Sufficient numbers of staff were available to meet people's needs. Staffing levels and skills mix were planned and reviewed to ensure people received the required support. Staff said they received training appropriate to their role and the opportunity to keep training up to date was available each year.

The service worked in partnership with other agencies to ensure people received appropriate support and consistent care. Information was only shared on a need to know basis with other agencies to maintain confidentiality.

There were systems in place, which ensured the quality and safety of the service was reviewed and monitored to identify where improvements could be made. Accidents and incidents were recorded and monitored for trends to ensure where needed changes in people's care needs were identified and implemented.

Staff told us the manager was accessible and approachable. They felt supported in their roles and could share their views on the service being provided.

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 were protected from the risk of potential harm and abuse. Staff were aware of the measures in place to reduce the risk of harm to people. Staff had received training in the safeguarding of vulnerable adults.

There were appropriate staffing levels to meet the needs of the people using the service. Robust recruitment procedures were in place to ensure people were supported by staff who were of good character and suitable for their role.

There were safe medicine administration systems in place and people received their medicines when required.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink sufficient amounts. There was guidance in people's care plans to support staff to meet their nutritional needs.

Staff monitored people's wellbeing and supported them to attend healthcare appointments. Where required the service liaised with appropriate healthcare professionals.

Staff had the skills and knowledge to meet people's needs. Staff received appropriate training for their role and had access to regular updates to ensure they were up to date with best practice.

Is the service caring?

Good

The service was caring.

Staff spoke passionately about wanting to provide a high standard of care to people using the service.

Staff knew people's needs and were able to explain how they respected people's privacy and dignity.

People looked comfortable in the presence of staff and did not hesitate to seek support as required. We observed many positive interactions between people and staff.

Is the service responsive?

Good

The service was responsive.

People received a person centred service because staff were knowledgeable of their support needs, preferences and interests. Care plans contained detailed information for staff on how people wished to receive their support and care.

People were supported to attend a range of activities to maintain their hobbies and interests.

There were systems in place to deal with complaints effectively. Relatives told us they were able to raise concerns and felt they would be listened to and actions taken.

Is the service well-led?

Good

The service was well-led.

The provider had effective systems in place to monitor the quality of care and support people received. Any shortfalls were identified and acted upon.

Staff felt supported by the management team. There was an open culture where staff felt able to communicate their concerns or ideas and felt these would be listened to.

The service worked in partnership with other organisations to ensure people's needs were met. □

Tullyboy

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, which took place on 25 January 2018 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. People using the service were not able to give us feedback directly about the care they received. We spoke with three people's relatives about their views on the quality of the care and support being provided. 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 associated daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met the five people who were living at the service during our inspection. We spoke with the area care manager who is currently the registered manager, manager and three care staff. We received feedback from three health and social care professionals who work alongside the service.

Good

Is the service safe?

Our findings

Processes and systems were in place to ensure people were protected from potential harm and abuse. Risks to people's safety had been identified and assessed to ensure people could take part in their daily activities. Information provided details for staff on how to reduce the risks for people whilst still promoting their right to remain independent. All of the care plans we looked at contained risk assessments for areas, such as evacuating the building in the event of a fire, falls, accessing the local community and kitchen safety.

Staff received training in fire evacuation. Individual risk assessments were in place and stated the support the person required to evacuate the building safely should a fire occur. There was a business continuity plan, which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire.

Relatives we spoke with felt staff supported their family member to stay safe. One relative told us, "The changeover of staff was smooth and I have no concerns. Staff now know my relative well. They are aware of what is needed to keep them safe." Another relative said, "They have done a lot to make the environment safer for him. They are aware that he is not so steady on his feet so have moved things around to keep him safe. He also has a wheelchair available so he can use it if he gets tired when out."

Staff told us they received training in the safeguarding adults and were aware of their responsibilities to report their concerns or poor practice to the manager or outside agencies as appropriate. Staff comments included "My role is to keep residents safe from harm. They should be comfortable in their own environment. I would speak with [manager] if I thought things were not quite right" and "Residents cannot tell us if they are not happy with things so I would look for changes in behaviour or unexplained bruising. If I thought anyone was being harmed or at risk I would report it to my manager. I know how to contact the local safeguarding team or the police." The manager was aware of their responsibility to, when required, report safeguarding concerns to the appropriate agencies and to CQC.

There were systems to ensure people received their medicines safely and as prescribed. People's medicines were administered by staff that had received training and had their competency assessed on an annual basis to ensure their practice was safe. Medicines were stored securely in a locked cabinet.

The home used a monitored dosage system with printed Medication Administration Records (MAR). We reviewed MARs for the three people using the service. We saw these had been correctly completed and initialled by the staff member administering the medication. Unused or damaged medicines were recorded and appropriately returned to the pharmacy to be destroyed. Staff had reported medicine errors and had taken appropriate actions, which were recorded.

Medicines were audited on a weekly basis and were discussed as part of the daily handover to ensure all medicines had been administered as prescribed and to reduce the risk of a medicine error occurring.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Any

incidents were recorded on monthly manager's report, which gave them an overview of the incidents that had occurred that month to identify any patterns or trends. The manager said this information would then be used to see if any lessons could be learned and changes to care practices made. For example, after a recent medicines error, the monitoring of medicines had been included in the daily handover to reduce the risk of further errors.

People were supported by sufficient numbers of staff to meet their needs. The manager explained that since arriving at the home they had reviewed staffing, which had led to an increase in staffing levels. They explained that staffing was organised flexibly depending on the activities taking place on the day and the levels of staff needed to support these safely. Staff we spoke with confirmed that staffing levels were sufficient. We observed care provided was relaxed and unhurried and at a pace appropriate to the person.

Risks of abuse to people were minimised because there were robust recruitment procedures in place. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from pervious employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). 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 were 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. Hand towels and soap were available in the communal toilets.

Good

Is the service effective?

Our findings

People's needs and choices were assessed in line with current guidance; and care was delivered in line with these assessments. 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.

The manager ensured, where someone lacked the capacity to make a specific decision, mental capacity assessments were completed and best interest decisions were recorded. Staff were aware of their responsibility to support people with making daily choices. One staff member told us told us, "We support people to make choices about what they would like to eat and what activities they would like to do. To help this we will show people items or pictures to help them choose. For example we show [person] the tea and coffee to help them choose." We saw staff doing this throughout our inspection.

A relative told us, "They are very good at supporting him to make his wishes known. They try and support him to make his own decisions. They try and communicate what is needed and will use visual aids if this doesn't work."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications, to restrict some people's liberty under DoLS, had been submitted to the local authority. These had not all been processed by the DoLS team but the manager had been proactive and reviewed these applications to ensure they remained the least restrictive practice.

People were supported to eat and drink sufficient amounts and maintain a healthy life. People were not able to contribute directly to the menu planning. However, staff had obtained information on people's likes and dislikes from family members and through observations. These were recorded in people's care plans.

We observed people had access to food and drink throughout our inspection. Whilst there was a menu plan in place staff told us alternatives were available should people not want the meal on offer. We observed the lunchtime meal, which was a social occasion. People were provided with 'finger foods' to support them to be able to eat independently. People were provided with a selection of foods for them to choose their preferred sandwich filling.

One health professional told us, "The home manager was proactive in seeking a swallow review for a resident who had thickened fluid but no existing guidelines. She was seeking up to date assistance to ascertain whether thickener was still needed and if so quantities etc. When given the necessary information she made the referral within 24 hours."

People's health and emotional well-being were monitored and any changes in their well-being prompted a referral to appropriate health care professionals, such as their GP. People were supported to receive regular health checks. Contact with health professionals, such as the doctor, consultant, or nurse were recorded in people's records, showing people's day-to-day health needs were met and appropriate information between the services was shared.

People had 'Health Action Plans' in place, which contained information on their medical history and current health needs. People had individual hospital files. These contained specific information regarding people's medical history and communication needs to support nursing staff should the person be admitted to hospital.

Relatives told us the service supported their family member to have their health needs met. They said they were always contacted if medical advice had needed to be sought and this information was included in the monthly report they received.

A health professional told us, "The management team are very proactive in involving other health professionals and will seek guidance when appropriate. They have appropriately followed guidance provided by nurses regarding health needs being met around epilepsy and in managing and supporting behaviours."

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to support and care for them. A training matrix provided details of when staff had attended training and when they were due for this to be updated. Records we viewed showed staff had received additional training where necessary to meet the needs of the people using the service. For example, training in the management of epilepsy. One staff member told us "I have never worked for a place that has given me so much training. It's amazing and really helps me do my job."

New staff members received a comprehensive induction to their role. This included completing the Care Certificate, which covers an identified set of standards that health and social care workers are expected to adhere to. Induction also included staff shadowing experienced staff members. One staff member told us "I'm completing the care certificate. It helps me do my job. It makes me feel safe doing my job as I'm getting the right training."

People were supported by staff who had supervisions (one to one meetings) with their line manager to support them to discuss any training needs or personal development. Staff spoke positively about the support they received and said the manager was approachable. They said they had the opportunity to discuss their personal development, training needs and working practices through either one to one meetings, group supervision or team meetings. One staff member told us, "[manager] is the best boss I've ever had. I really respect her. She is very visible. I can't praise her enough."

The manager told us that team meetings were held on a regular basis and that the times of these meetings varied to ensure that all staff had the opportunity to attend and be able to share their views. They said they had an open door policy whereby staff could come and chat in-between formal one to one meetings.

The environment met people's needs. There were assisted bathroom facilities and ramps in place to support people's mobility. Rooms were organised so that people and any equipment required could be moved safely. People had recently had new equipment purchased to ensure they were comfortable. For example, one person had recently acquired a comfortable chair to support their comfort when they wished to spend time in their bedroom.

One relative told us, "They [White Horse Care Trust] have improved things since they have taken over and made the building safer. They have installed a wet room and bought some equipment to help move people which is great."

Good

Is the service caring?

Our findings

From our observations during inspection, we saw that people were relaxed and happy in the company of staff. People did not hesitate to seek assistance when required. We saw that staff were attentive and were exceptional in their kind and caring approach to people. We observed people became animated when interacting with staff, smiling and laughing at their interactions. We observed staff using appropriate touch, such as holding a person's hand or stroking their head, which their care plan recorded they enjoyed. One relative told us, "I am very happy with the care. I believe that staff know my relative very well now. They are all really nice."

People received care and support from staff who had got to know them well and were treated with kindness and compassion in their day to day care. Throughout our inspection, staff engaged with people and were attentive to their needs. Staff spoke passionately about the people they supported and wanting to provide a high standard of care. One member of staff told us, "[Person] is amazing. He can do anything. He is learning so quickly and has an amazing sense of humour. He is in control of his life and is helped to do this by us supporting him to know what is happening next. This reduces his anxieties."

People had care plans, which provided staff with the information required to ensure people received effective care which met their needs. For example, one person's care plan identified that they could become anxious during meal times. Their care plan explained the behaviours they may exhibit when they were distressed and gave information for staff on how best to support the person during these times. Staff we spoke with were aware of this. They also told us that in the last year due to consistent support this person's anxieties had lessened and they were enjoying being able to sit with everyone else during mealtimes.

One page profiles were in place, which contained person centred information on what was important to the person and how staff were to support them. For example, in one person's profile it noted that they liked to have a rest in their bedroom each day. We observed that the person was supported to do this.

People were cared for by staff who respected their privacy and dignity. Staff told us personal care was delivered behind closed doors in bedrooms and bathrooms and they made sure people were always appropriately covered to preserve their dignity. One member of staff explained, "I always knock before entering someone's room. It is polite to do this. I always reassure them and explain what we are doing." They explained that for one person who had a hearing impairment they flicked the light switch just inside their door to alert them that they would be entering their room. They said they did this as the person could not hear them knocking and it was important they were aware that staff were there.

Care and support was flexible to ensure the service were responsive to people's needs. For example, one person required regular blood tests but found attending their local surgery made them anxious. The service arranged for the nurse to attend the home. Staff supported the person to sit in their favourite comfortable care and have relaxing music playing. The nurse was then able to complete the required blood tests without the person becoming anxious or distressed.

People's rights and choices were respected by staff. A member of staff said, "We are here to ensure people have the right to make their own choices about what they want to do to live a happy and safe life".

People were supported by staff to maintain their personal relationships. This was based on staff's understanding of who was important to the person, their life history and their cultural background. Those people who wished to were supported to attend their local church. One relative told us the manager was planning to support their family member to visit them. They said this was "Fantastic" as it was a long journey for them to be always making and it would be "lovely" to have their family member visit their home. They said they were provided with regular updates of activities their family member had attended, including photographs.

We spoke with the manager about how they ensured people were treated with kindness, respect and they received emotional support. They explained that this was monitored through observations of staff's working practices. This was then fed back to staff during informal chats or supervisions. The manager said they also worked in the service at different times of the day to monitor how staff were supporting people and also worked alongside staff.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their preferences and wishes. People were supported to make choices about their daily living. One relative told us, "Since taking over they [White Horse Care Trust] have brought in things to improve my relative's quality of life. They have improved his bedroom to make it more comfortable." A member of staff said, "I reflect daily on my working practices. How I respond to someone has a big impact on their life. Residents will let you know if they do not want to do or like what you are offering."

People's care needs had been assessed prior to them coming to live at the service. Care plans were person centred and information clearly explained how people would like to receive their care and support. Care plans were in place for personal care, communications, mobility, health and nutrition. They were personalised and detailed people's favourite routines. For example, routines included what time people liked to get up, If they wished to have a bath or a shower and what activities they enjoyed taking part in.

Staff knew how people wanted to receive their care, what was important to them and how to meet people's individual needs. People received personal care, which met their needs. For example, Staff had access to care plans, which described behaviours people may exhibit should they become anxious or distressed, what they were trying to communicate and how staff should respond. This ensured the person received a consistent approach from the staff team with their support.

One staff member told us the manager was very responsive to ensuring people had their needs met. They told us "The manager listens and I can share ideas on how to improve things. If [person] needs anything which will help his care and improve his quality of life, I just have to request it and there's a parcel at the door." They said they had suggested some sensory equipment to support a person when relaxing in their room and this had been purchased immediately.

People were able to take part in a range of activities according to their interests. Staff had guidance on people's preferred daily routines, including the interests people enjoyed. Staff we spoke with knew about these preferences. People enjoyed regular swimming sessions, trips to the cinema, meals out in the local cafes and pubs. People could also take part in activities within the home, such as baking, arts and crafts and pampering sessions. One relative told us, "He is doing all of the activities he enjoys. I've never seen him so happy." Another relative told us, "I feel my relative has enough activities going on and enjoys what they are doing."

One member of staff told us, "There is so much to do here. At Christmas residents went to the panto and shopping. The list goes on." They told us they had recently supported one person to attend a viewing of their favourite film at the cinema, which was autism friendly.

There was a policy in place for dealing with complaints effectively. Relatives told us they knew what to do should they wish to raise any concerns or make a complaint. Their comments included, "We have been very much involved in the changeover of company and have been able to share our views" and "Yes I could raise

a complaint and I have confidence they would listen and take actions."

People were not able to give feedback about their views on the service they received, however families were invited to a 'meet and greet' to support the changeover of services. Relatives said communication was good between them and the service and they could share views or raise concerns when needed.

Information to people was available in accessible formats. This included an easy read service user guide and complaints procedure. These documents were made available to people accessing the service.

The service was not currently supporting anybody with end of life care. There was a booklet, which the manager was currently in the process of implementing. The booklet involved the person and those who knew them best to explore how the person wished to be care for during the end of their life.

Good

Is the service well-led?

Our findings

A registered manager was employed by the service and was present during our inspection. The registered manager responsibilities were currently being overseen by the area care manager. The service had employed a manager for the home who would be applying to become the registered manager. 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.

Relatives, staff and health professionals spoke positively about the manager and management of Tullyboy. Their comments included, "With this new manager communication is very good. We receive a monthly report to update us on what appointments have taken place, what activities he has done and general well-being. I am very impressed with the reports and I have the option to respond if necessary" and "There's been an improvement towards better quality of care. The communication is good and I find the monthly report very positive."

A healthcare professional told us, "Staff and managers are approachable and deal quickly with any concerns raised with them." Another healthcare professional said, "We have a very good working relationship with the manager and carers. All of them are very approachable."

Staff spoke positively about working at Tullyboy and told us, "I love my job. We are always trying to improve. We are improving a lot. There is lots of interaction with residents. I feel [manager] listens and supports us" and "I love working here. It is one of the best places I have ever worked. It is so rewarding working here and the staff are so lovely and caring."

The provider had systems in place to monitor the quality of the service and identify areas of improvement. These included checks and audits carried out periodically throughout the year. We saw records of audits covering areas, such as infection control, health and safety, the safe management of medicines and care planning. Members of the senior management team also visited the home periodically. Records of their observations were noted and any actions required identified. Staff members' training was monitored by the manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when refresher training was required.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified.

Staff we spoke with were aware of the values of the organisation and told us, "I am here to give a high quality service, promoting independence, keeping people safe and healthy. I support people to make decisions and support all their rights. I support them to be happy" and "We are here to give the best quality of care. This includes treating people as individuals, supporting them to make choices and treating them with dignity

and respect. To make sure they have the best quality of life." Our observations where that staff put these values into practice when supporting people.

The manager spoke passionately about ensuring people received a high standard of care and support. She told us, "Not caring is not an option. Staff are here to care. The residents deserve 100% high quality, person centred care." To ensure a positive culture they explained they spent time working different shifts to build relationships with staff and offer support by coaching, mentoring and observing there working practices. Staff were able to participate in monthly meetings where they were able to discuss working practices, receive updates on the service and discuss training.

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 or loss of utilities, such as gas or electric.

Providers are required by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website