

# White Horse Care Trust

## Bembridge House

### Inspection report

Bembridge Close  
Swindon  
Wiltshire  
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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

We carried out this inspection on 30 December 2014. The inspection was unannounced. During our last inspection on 26 September 2013 we found the provider to be in breach of Regulation 10, Assessing and monitoring the quality of service provision. The provider wrote to us with an action plan of improvements that would be made to their monitoring processes. During this inspection we found the provider had taken steps to make the necessary improvements.

Bembridge House is run by the White Horse Care Trust, which has a number of care homes in Swindon and

Wiltshire. The home provides care and support to adults with a learning and physical disability and associated health needs. The property is a detached bungalow, which has been designed to meet the needs of up to eight people.

At the time of our inspection the home did not have a registered manager. The management of the service was being overseen by a manager of another service provided by the White Horse Care Trust. They were supported by the home's two deputy managers. Recruitment for a new manager was being undertaken. A registered manager is

# Summary of findings

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.

We found that records relating to the planning of people's care required improvement in some areas. People's care plans did not always reflect what care, support or treatment they required for staff to be responsive to their needs. We found this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us they felt supported by management. They said they had access to training which supported them to fulfil their role. Staff told us they received regular, formal supervision (one to one meetings with line managers) where they could discuss their professional development and roles. Records we reviewed showed that competencies had been completed regarding staff's work performances and behaviour. However where it had been identified that staff were not meeting some competencies, actions needed to address this had not always been identified. Where some actions had been identified these had not been followed up to see if staff had made the required improvements. The staff had completed training to ensure that the care and support provided to people was safe and effective to meet their needs.

New staff members received an induction which included shadowing experienced staff before working

independently. Staff completed workbooks which covered topics relating to care. However records showed that whilst the workbooks had been completed they had not been marked. This meant that the manager had not signed staff as being competent following their induction period.

The interim manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. They understood DoLS and where required had made applications to ensure people were supported appropriately.

People were protected from risks associated with their care because staff followed appropriate guidance and procedures. Staff understood the needs of the people they were supporting. We saw that care and support was provided in a considerate and compassionate manner. Relatives spoke positively about the home and the care and support provided.

People were supported to have a balanced diet which promoted healthy eating. There were arrangements for people to access specialist diets were required.

The interim manager and senior management had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and health and safety. Staff were aware of the organisation's visions and values and there was a positive culture where relatives felt included and their views sought.

# 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?

The service was safe.

Relatives told us they felt their family member was safe living at Bembridge House.

Staff had knowledge of safeguarding and knew what actions to take if concerns were raised. Staff told us about the different forms of abuse and felt confident to raise concerns.

The provider had systems in place to ensure that medicines were administered and disposed of safely. All medicines were stored securely.

Good



### Is the service effective?

This service was not always effective.

Staff did not receive always effective support and supervision. Induction records were not always completed.

Where it had been identified that staff were not meeting some competencies, actions needed to address this had not always been identified. Where some actions had been identified these had not been followed up to see if staff had made the required improvements.

We saw that people had enough to eat and drink throughout the day. Meals were flexible to meet people's needs.

Requires Improvement



### Is the service caring?

This service was caring.

People were unable to verbally express their views. We saw they appeared comfortable and relaxed with staff, smiling and laughing.

Relative spoke positively about the care and support received by their family member.

We saw that staff showed concern for people's well-being. We observed staff seeking people's permission before undertaking any care or support. People's dignity and privacy was respected.

Good



### Is the service responsive?

This service was not always responsive.

People's care plans did not always reflect what care, support or treatment people required for staff to be responsive to their needs.

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their needs.

Requires Improvement



# Summary of findings

There was a system in place to manage complaints. Relatives we asked said they would be comfortable raising their concerns. They were confident that any concerns would be listened to and acted upon.

## Is the service well-led?

This service was well-led

Staff had a good understanding of the ethos and values of the home. They explained to us the importance of treating people with compassion, dignity and as individuals.

Staff were motivated, caring and well supported and trained. Every member of staff we spoke with was positive about the support they received from management and other colleagues.

There were regular audits in place. For example infection control, medication and health and safety. The interim manager and support services development manager had an action plan for improvements required to improve the quality of the service.

**Good**



# Bembridge House

## 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 30 December 2014 and was unannounced.

This inspection was carried out by one inspector. Before the visit 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. Before the inspection, we asked the provider to complete 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 spoke with the interim manager who informed us that they had not

received a request for this information. We checked that this information had been sent. However on this occasion it had been sent to the previous manager's email which was not accessible to staff.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed four support plans, staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

People using the service were not able to tell us in any detail what they thought of the service. We spent time observing people in the dining and communal areas. Following the visit we spoke with three relatives about their views on the quality of the care and support being provided. During our inspection we spoke with the interim manager, the support services development manager, two deputy managers and three support workers.

# Is the service safe?

## Our findings

Relatives said they felt their family member was safe living at Bembridge House. One relative said “I am very happy with the care (relative’s name) receives. I know staff treat her well.” Another relative told us “I have full confidence in the staff’s abilities and feel that (relative’s name) is safe at all times.”

There were processes in place to protect people from abuse and keep them free from harm. Staff we spoke with were knowledgeable in recognising signs of abuse and knew the procedures relating to reporting any concerns. Staff told us any concerns were reported to the interim manager or deputy managers who would investigate the concerns raised. Any safeguarding concerns raised would then be reported to the local authority safeguarding team as required. There had not been any safeguarding concerns raised since our last inspection.

Assessments were undertaken to identify risks to people who used the service. Where risks had been identified management plans were developed to minimise the risk occurring. For example, one person was at risk due to experiencing epileptic seizures which may require emergency medicine. The management plan contained guidance on accessing the community safely and what to do should the person require their emergency medicine whilst out. At the time of our inspection these plans were being updated by the support services development manager to ensure they were current and contained relevant information.

Staff took appropriate action following incidents to ensure people’s safety. We saw that one person had recently had an incident of choking. A referral for an assessment had been made to the speech and language therapist and following this assessment a care plan had been put in place for staff to follow. The incident had also been discussed at a recent team meeting in December 2014.

Staff completed forms which included details of the incident and actions taken. These were sent to head office where they were reviewed to identify and trends or patterns that may be occurring.

Records and procedures for the safe administration of medicines were in place and being followed. There were appropriate safe storage facilities and procedures to record controlled drugs prescribed to people living in the service. Some prescription medicines are controlled under the misuse of drugs legislation. These medicines are called controlled drugs or controlled medicines. Examples include morphine. There were safe systems in place for the storage of medicines that needed to be disposed of. This could be because the medication was no longer required or had been refused by the person. People also had comprehensive guidelines for medicines taken as and when necessary (PRN). Training records confirmed staff had received training in the safe management of medicines.

Staffing levels were determined according to the dependency levels of the people who used the service. The interim manager explained that there were four care staff on during the day and two waking staff on at night. We looked at the home’s rota which indicated there was a consistent level of staff each day.

There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider’s recruitment policy. Records we looked at confirmed this. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) 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.

# Is the service effective?

## Our findings

Staff did not always receive effective support and supervision. New members of staff completed a series of workbooks relating to care work. Records we viewed showed that induction records were not always completed. Staff had completed the workbooks but these had not been marked by management to ensure that staff had the required skills and knowledge to carry out their role. The manager had not signed staff as being competent following their induction period.

A programme of annual appraisals was in place to identify personal development needs with staff. Formal supervision (one to one meetings with line managers) were also held with staff throughout the year. Records we reviewed showed that behaviour competencies had been completed regarding staff's work performances. These were used to identify areas of improvement required and would be discussed at either a supervision meeting or annual appraisal. However where it had been identified that staff were not meeting some competencies, actions needed to address this had not always been identified. Where some actions had been identified these had not been followed up to see if staff had made the required improvements.

A system was in place to provide staff with training. However it required improvement to ensure staff had the required skills and knowledge to carry out their role. We looked the training matrix, which showed the training staff had received. Staff had not always been provided with training updates in line with the provider's annual training programme. This meant they may not have the latest knowledge and skills in key topics needed to deliver effective care. For example, although staff had received training in safeguarding which was to be refreshed yearly, none of the 19 staff were currently up to date with safeguarding training. Only one member of staff was booked to receive training on the practical application of moving and handling people. 18 of the 19 staff had not received nor were they booked on this training. As some of the people living at the home were wheelchair users and required support with their moving and handling this

would be essential training. 7 of the 19 staff had also not received training in infection control. This meant people may be put at risk as the provider did not ensure a consistent and periodic approach to staff training.

This meant people were at risk of receiving care from staff that did not have the correct knowledge and skills to carry out their responsibilities.

People had access to food and drink throughout the day and staff supported them as required. We observed a staff member supporting a person with a peg feed (percutaneous endoscopic gastrostomy) which is used when people are unable to swallow or to eat enough. To maintain the person's dignity, the staff member made sure the person's protective apron covered the area where the peg was inserted. We saw the staff member was gentle, reassuring and chatted to the person throughout. Where required referrals for specialist support such as dieticians had been made. People's weight was also monitored to ensure that they were receiving enough nutrition to maintain a healthy weight.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. One relative told us the home was "very good at responding to health needs." They said a doctor was always called should their relative become unwell. They said they were always informed of appointments which gave them the opportunity to attend if they wished to. They said the home would always let them know the outcome of any appointments they had been unable to attend.

The interim manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. They understood DoLS and where required had made applications to ensure people were supported appropriately. Records showed that where required best interest meetings had been held to support with making decisions relating to one person's health needs. Their relative confirmed that they had been present at this meeting and were able to share their views.

# Is the service caring?

## Our findings

Relatives we spoke with said that they felt their family member was well cared for. One relative said “They give her good care. She always looks well looked after when I visit.” Another relative said that they felt staff treated their family member with “dignity” and respected their privacy when supporting them with personal care.

Relatives told us they could visit at any time. They said that staff were friendly and approachable. They felt that staff knew their family member well and supported them appropriately. People went out with their families for day trips and visits to the family home. People were encouraged to maintain family relationships, including being supported to acknowledge their families’ birthdays.

Relatives said they were involved in planning with their family member and in making decisions about their care. They were aware of care plans and would be invited to attend yearly reviews. They said that they were always kept up to date with any changes to their family members care needs.

One person was able to express their experiences of living in the home and how they felt about the staff that supported them. They gave us a huge smile when we asked if they liked the staff who supported them.

We observed that doors were closed and curtains drawn when staff were providing personal care. Interactions

between staff and people were positive. Staff were calm and patient and explained what was happening to people. Staff asked people their choices about day to day decisions such as what clothes they wanted to wear and if they wanted to take part in activities.

When staff spoke with people we saw they were kind and took the time to listen and ensure that people could express themselves. Some people were able to verbalise certain sounds or words, others communicated through eye contact and facial expressions.

The atmosphere in the home was relaxed and happy. People looked well cared for. Staff supported people without rushing and promoted a friendly environment, involving people in what they were doing. We saw that some people smiled and laughed at the staff member approaching them. Those people who were able to moved freely around the home choosing which area they wanted to sit in.

We spoke with three staff about people’s care and support needs. Staff were able to tell us about the people they were caring for. They were able to tell us people’s likes and dislikes and how people’s care should be given. Staff told us how they supported people in meeting their cultural needs to attend church if they so wished. They also explained how they supported people with their sexuality and how this needed to be done in a dignified way.

# Is the service responsive?

## Our findings

People's care plans did not always reflect what care, support or treatment they required for staff to be responsive to their needs. We reviewed four people's care records. Whilst these had been reviewed yearly we found that information contained in some files was incorrect or did not clearly identify the support required. In one person's care plan, in the health section, it noted that their food was to be pureed and they were awaiting a procedure to have a percutaneous endoscopic gastrostomy (peg feed) fitted. This procedure had already taken place and the person was no longer receiving any food orally. There was no date or information to say when this change had taken place. This meant that staff who did not know the person may be at risk of giving inappropriate care to them.

Reviews had been held for people but did not have any dates of when these had taken place. These were in the form of a PATH which looked at where the person was now and what they would like to achieve in the coming year. Actions had been set but there was no information to say if these had been achieved. For example one person's action plan stated they wanted to be able to ride their trike. This required a referral to the occupational health therapist. We could find no evidence of this referral and when we asked staff and the interim manager they were not aware of this referral.

Health records were also incomplete. One person had been visited by a community nurse. The notes stated that the nurse would visit again in two days' time to check on the affected area. There was no follow up visit recorded and no further details of any other medical actions taken. This meant it was unclear if the person had received the correct medical to address their health need. Another person's records detailed a visit to a dietician and that further tests needed to be carried out. Again there was no follow up information to say if these tests had been carried out and if any changes to the person's care plan were required.

Daily records were in place so staff were able to see what care and support the person had received that day. Records we reviewed did not clearly identify the support which had been offered. The records made generic statements about the person such as they appeared 'happy' or 'fine' but did not clarify what was meant by this. The records did not include what was going on to make the person happy for example. On the day of our visit one

person's records noted they had been involved with music using a musical instrument. Our observations of this were the person concerned was sat in the lounge area with the radio on holding a musical instrument. There had been no engagement from staff to make this a structured activity and to even observe if the person had enjoyed this. The person had eventually put down the instrument. This meant that it was unclear what support was being offered to people.

This meant people were at risk of receiving incorrect care from staff due to incorrect and out of date information. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

Relatives told us they felt people were supported to access activities. Staff we spoke to said that people took part in activities both in the home and the local community. They did say that there was not always enough staff to do as many activities as they would like. On the day of our inspection people were not engaged in meaningful activities. Two people were in the lounge area holding musical instruments whilst the radio was on. Another two people were in the home's light and sound room for either the whole of the morning or the afternoon. Staff looked in to check that people were alright but there was no structure to the activity. At one point there were three radios playing loudly, so for people listening to quiet and relaxing music in the light and sound room they could also hear the music from the other two radios. One person was brought into the lounge area and then told they were going into the light and sound room. On this occasion they were not offered a choice.

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their needs.

There was a system in place to manage complaints. We saw from a recent complaint recorded that the service recorded people's concerns and investigated and responded appropriately. A complaints procedure was available in an easy read format for people living in the home. 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. The home did have access to a local advocacy service to support where required. Relatives felt that the service was responsive if they had any queries or concerns. They said

## Is the service responsive?

they would be comfortable raising their concerns. They were confident that any concerns would be listened to and acted upon. One relative said “I can raise concerns anytime either with the manager or staff.”

# Is the service well-led?

## Our findings

There was an interim manager in post who was supported by two deputy managers and a support services development manager. Staff told us the managers were approachable and that there was good teamwork between staff. Staff told us they felt well supported in their role and did not have any concerns. Staff were aware of the organisation's visions and values. They told us their role was to try and support people with choice and promote their independence. They said regular team meetings took place where they could discuss any concerns or ideas to improve the service they may have.

The home manager attended regular provider forums where they met to discuss issues with other providers from outside their organisation. This provided them with an opportunity to discuss issues, share knowledge and keep up to date with best practice. Topics discussed at these meetings included safeguarding adults, training and policies and procedures. They would also decide how best to share this information with staff so that they remained up to date with current changes. We saw a memo that had been discussed with staff which detailed the changes to the Care Quality Commissions inspection methodology. This identified what staff could expect when an inspection was taking place and how they could support the process.

We asked staff about Whistleblowing. 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 and support people received. They said they were aware of the providers Whistleblowing policy and they would use it to report any

concerns. They also said they would feel comfortable raising concerns with outside agencies such as the local authority if they felt their concerns had been ignored. Staff knew and understood what was expected of their roles and responsibilities.

The provider had a system in place to monitor the quality of the service. This included audits carried out periodically throughout the year. There was a monthly audit carried out by the home manager. 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 health and safety audits. The audits showed that although the service was meeting the standards at the time of our inspection they had identified areas where they could improve further. These were put in an action plan which included dates of when the actions had been met.

As there had been a recent change of management these audits were in the process of being completed. The interim manager and the support services development manager had also reviewed the whole of the service and put a plan in place which identified actions needed to improve the service further. This action plan had identified the need to update paperwork as identified in the responsive domain. It also identified the need to improve supervision records and 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 was also a contingency plan in place to cover emergencies such as loss of utilities, fire or insufficient staffing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>People were at risk of receiving incorrect care from staff due to incorrect and out of date information held in care plans. Records we reviewed did not always clearly identify the support and care which had been offered to people.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.