

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 ●

Summary of findings

Overall summary

About the service:

Forestview is a residential home for adults with learning disabilities. It provides accommodation for up to eight people. There were seven people living there at the time of our inspection. The home is a bungalow with a communal lounge and dining room and an accessible kitchen. The service is run by the White Horse Care Trust.

People's experience of using this service:

Forestview has been developed and designed in line with the values that underpin Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Relatives told us their family member was safe at Forestview. Staff had received safeguarding training and knew when and how to raise concerns.

People were protected from risks. There were various risk assessments in place for each person giving guidance to staff to reduce the risks identified. Risk assessments were reviewed regularly or when people's needs changed.

There were sufficient numbers of staff on duty. Permanent staff were still being recruited but consistent agency and bank staff who knew people well, were being used. Staff had been recruited safely with all the appropriate checks in place.

Medicines were administered, stored and managed safely. Audits identified no errors in the months preceding the inspection.

Forestview was clean, tidy and homely and suited to the needs of people living there. People had individualised rooms with their personal items and favourite colours and décor.

People's needs were thoroughly assessed by a multi-disciplinary team of specialist professionals within the learning disabilities service. People had access to health care and hospital treatment when needed.

Staff were trained in all of the providers mandatory areas and had the ability to access on line, face to face or group training. New staff had a robust and supported induction period. Some formal one to one supervision and appraisals were behind schedule but staff had regular informal 'job chats'.

The service had improved to good in caring. The staff were very caring and knew people, their preferences likes and dislikes well. Staff took pride in the standard of care they provided. We received good feedback from relatives and visiting professionals about the quality of care and the quality time staff spent with

people.

The service had improved to good in responsive. Care plans were person centred and were regularly reviewed and updated. They were all being actively reviewed at the time of the inspection ready for transfer to an efficient electronic version.

When people's needs changed the appropriate referrals were made to re-assess and devise new strategies to support them effectively. The staff had regular meetings and discussions with health and social care professionals to ensure the right care was being provided.

There was a clear and supportive management structure in place. Quality assurance, audits and monitoring were undertaken by several layers of management. This meant that areas identified for improvement were acted upon in a timely manner.

Rating at last inspection: Requires Improvement (report published 28 March 2018).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence about the service to inform when the next inspection should take place.

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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service had improved to good in caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service had improved to good in responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service had improved to good in well-led.

Details are in our Well-Led findings below.

Forestview

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type: Forestview is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced inspection which meant the provider had short notice that we would be visiting. This was because people living at the home could become anxious when not prepared for visitors.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We observed the interactions and behaviours of the people who lived at Forestview. We reviewed four people's records. We also reviewed staff personnel documents, training and supervision records and a range of records about how the service is run. We spoke with the registered manager the deputy manager, the area

care manager and three members of the care team. Following the inspection we received feedback from one professional who visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
- Staff told us they received safeguarding training and we confirmed this from training records and speaking with the training manager.
- The registered manager knew their responsibility to report any concerns to the relevant authorities and notify us.
- Safeguarding processes were regularly discussed during team meetings and staff 'job chats'.
- Relatives told us their family members were safe and well looked after and they had no concerns.

Assessing risk, safety monitoring and management

- People were protected from risks.
- Risks were assessed and action taken to manage them. Examples of risk management plans included, dysphagia, medication, mobility and bathing.
- One person had an assessment completed for the risk of choking. The assessment clearly identified the risk and how staff could minimise the risk by following guidance from the speech and language therapist. This included, pureeing foods to a specific texture, not leaving the person alone when eating and ensuring the person was sitting in an upright position, was not rushed or distracted when eating and drinking.
- Another person had a manual handling risk assessment in place which guided staff to provide two to one support for all transfers. Staff were all trained in manual handling safe practices and the person had regular reviews from the occupational and physiotherapist. We saw the appropriate equipment (hoist and personal sling) in place to support the person safely.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks included references, identity checks and DBS. A Disclosure and Barring Service clearance check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.
- The registered manager told us that they were not fully staffed with permanent members of staff, but had access to a bank of experienced staff and regular agency staff. A second deputy manager had been recruited and was to be in post from June 2019.
- We saw sufficient numbers of staff during our inspection. The registered manager had built in an interim shift to cover the end of early shift and the beginning of the late shift. This worked well and focussed staff numbers at the busiest part of the day.

Using medicines safely

- Medicines were managed, administered and stored safely.
- The home had a medicines policy and appropriate 'as required' protocols for people's individual

medicines, in place.

- Staff told us they had training in medicines administration. This included how to complete a medicines administration record (MAR) accurately. Stock checks were completed daily and a full medicines audit was carried out weekly.
- The service followed national guidance to prevent the over use of psychotropic medicines for people with a learning disability. Medicines reviews were completed by the prescribing professional.

Preventing and controlling infection

- People were protected from the risks of infection. Staff told us they had training in infection control practices and we observed hand gels, paper towels and personal protective equipment (PPE) in place.
- A cleaning schedule was displayed in the kitchen. The whole home, communal areas and bathrooms were clean with no malodours detected.

Learning lessons when things go wrong

- The home recorded accidents and incidents and reflected on them as a means of improving safety for people.
- Accidents and incidents were monitored and reviewed by the registered manager and the area care manager monthly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were fully assessed to ensure they could be met, prior to the person moving to Forestview.
- Care plans were developed from these multi-disciplinary assessments which gave detailed guidance to staff on how to meet people's needs appropriately.
- Staff worked closely with health and social care professionals to ensure specific needs were met and planned for. For example, physiotherapists, occupational therapists, dieticians and nurses from the community team for people with learning disabilities.
- People were supported to attend hospital and GP appointments in the community. Each person had a hospital passport which detailed essential information for hospital staff on how to deliver person centred care.
- People were supported to receive an annual health check and assessments for continuing health care from the NHS.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. Staff told us they had received good training which was relevant to their individual roles. Examples of training included, communication, person centred working and specialist non abuse psychological and physical intervention (NAPPI) training.
- The White Horse Care Trust had a new comprehensive internet based training programme. This meant staff had easy access to e-learning and the management team could monitor their progress.
- New staff had an induction and were mentored throughout their learning period. Staff were observed to ensure they were competent to work independently.
- Staff received informal supervision and guidance and had regular 'job chats' to discuss learning needs or concerns. The registered manager told us they were behind schedule on formal supervision and appraisal targets but were making this a priority.
- Staff told us they knew there was an open door policy and they could approach the management team whenever they felt they needed to. Staff felt well supported.

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

- People were supported to be involved in choosing and preparing their meals. People were asked what they would like to eat.
- During the visit we observed people and staff preparing meals and being offered plenty of drinks and snacks.

- Where appropriate people were supported to eat fork mashable foods as directed by the speech and language therapist.

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

- Forestview had a large communal lounge which was frequently used by the people living there. People had their preferred seating area.
- People's rooms were individually decorated to their taste and preference. Rooms had personal possessions, photographs and pictures.
- One person was moving to a more appropriately sized room which had a ceiling track hoist and space for larger pieces of equipment.
- There was outside accessible space and the home was located in a peaceful rural position.
- There were plans in place to make one bathroom more accessible, this was being refurbished into a wet room for ease of use and access. Another was being adapted to house the large assisted bath for everyone living at Forestview.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been completed along with their corresponding best interest decisions.
 - The provider had made appropriate applications to the local authority for DoLS and had a 'tracker' system to monitor their progress including screening and when an authorisation was due for renewal.
 - The staff we spoke with were knowledgeable about the Act and how to apply this in their work with people.
- The provider was meeting the requirements of the Mental Capacity Act (2005).

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- At the last inspection in February 2018, we found not all interactions heard and observed were supportive to people. Staff carried out care tasks without speaking to the person or explaining what was happening and why. At this inspection we found improvements had been made.
- We saw staff kneeling to be at eye level with people when speaking. Staff gently alerted one person with a visual impairment before fully interacting or supporting them. They stated who was speaking and explained who else was in the room, to orientate the person.
- Staff conversed with people throughout the day and whilst carrying out support. For example, we observed two staff members assisting one person to transfer using a hoist and sling. The staff explained what they were doing and checked if the person was happy with the process. "Everything OK? [person's name], all ready, here we go, moving up now." The staff ensured the person was moved gently and placed their hands to ensure the sling was steady.
- Staff visited people when they were in hospital. One person was receiving end of life care in hospital and the registered manager made sure staff visited twice a day. She told us, "Staff visited [person] in their own time especially at end of life. Staff give so much of themselves to make the people's lives here a bit brighter and often it is not seen, they are not always given the recognition they should have. They do go over and above what their role entails, where we are struggling with short staff they still do things outside of their remit."

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

- Whilst staff were working they involved people in their activities. For example, a staff member said "should I sit here next to you [person's name] while I write my notes?" They then chatted to the person about their plans for the day.
- Staff gained people's permission before supporting them. We heard staff ask people what they wanted to do, they were given options to choose from to make the decision easier.
- Staff knew people and their behaviours well. For example one person would always choose the last option given, so staff ensured they gave choices in a variety of ways to ensure the person made a preferred choice.
- Staff we spoke with were passionate about the standard of care provided and adapting to the individual needs of people. One staff member told us, "I love this place. Residents and needs change, you have to adapt with them. [Person] had behavioural issues, we did not get along he used to hit me. I changed my approach to reduce his anxiety. Every individual is different and I adapt to all their different needs, I now do it without thinking."

Respecting and promoting people's privacy, dignity and independence

- One relative told us the staff were, "Very attentive, can't praise them enough, very caring, they know the

residents well, my relative is really happy and settled she likes all of the staff. They always tell me what is going on, to tell me if she has had a good or an off day. No worries at all never had to complain."

- Another said she was, "Very happy with [her relative's] care, absolutely marvellous, they are wonderful. I have no concerns, cant fault them at all."

- The registered manager told us "Dignity and privacy is paramount, alongside the ethos of person centred care."

- The manager and deputy worked alongside staff to observe working practices to ensure the support provided was caring, respectful, discreet and promoted individual choice and independence.

- Staff were encouraged to continually reflect on how they supported an individual and if they could do anything better or use a different approach next time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection in February 2018, we found a breach of Regulation 9, Person centred care. People did not always have up to date information and guidance in place to ensure staff were responsive to their needs. At this inspection we found improvements had been made and the service was no longer in breach of the Regulations, in this area.

- Care and support plans were being reviewed and updated ready for the transfer to a new electronic version.
- The service was fully compliant with The Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's individual communication needs were identified. Some people used pictures and signs and others had more complex means of communicating. For example, one person had a positive behaviour plan in place to guide staff on how to interpret behaviours as part of the person's communication method.
- Guidance included identifying noises and actions, what they meant and how to respond to meet the person's need. Staff were instructed to know how the person communicated as 'this is how [they] make their choices' and 'all behaviour is a form of communication'.
- People had the opportunity to access their local community and attend events they enjoyed and to socialise.
- Each person had an activities file with their individual interests. Examples included, going for a drive in the car, bowling, planting flowers and attending music for health groups. One person was taken to see their favourite pop star at a large arena music gig.
- When people's needs changed, the registered manager contacted relevant professionals to re-assess the person for specialist equipment and services to meet their increased need.

Improving care quality in response to complaints or concerns

- Forestview had not received any complaints. A complaints policy and procedure was in place.

End of life care and support

- No-one living at Forestview was receiving end of life care at the time of our inspection.
- The service had a pictorial version end of life care plan which was developed to record people's last wishes, funeral arrangements and decisions on where to receive care. However, these were not completed and the deputy manager recognised this as an area for improvement.
- The registered manager told us that when a person was approaching the end of their life, they would receive professional guidance from Holly Lodge. Holly Lodge is a 'sister' nursing home, part of the White Horse Care Trust.

- People required up to date treatment and escalation plans. This area was to be discussed with the visiting GP, family or representatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the last inspection in February 2018, we found actions and areas for improvement had been identified, however they had not always been acted upon in a timely manner. Areas for improvements had not been prioritised or completed. Care plans had not been updated and monitoring records were not always completed. At this inspection, we found improvements had been made to care planning and monitoring, however, some audits identified tasks which were behind schedule.
- The registered manager understood their role and their responsibilities under the duty of candour and in compliance with the regulations.
- The staff we talked with spoke highly of their managers and the support they received. They were proud of the standard of care they provided to people and how well the team worked together.

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

- Audits for medicines were up to date and were managed weekly by the deputy manager and checked monthly by the registered manager. No errors had been identified.
- Audits for supervision and staff appraisal identified these were slightly behind schedule, but staff had access to regular job chats and informal supervision and guidance with the management team.
- There was a clear management structure in place which was supportive and effective. The area care manager and the main office staff in HR and finance supported the registered and deputy managers who then supported the senior staff and support workers. There were plans in place to recruit a second deputy manager.
- There was effective oversight of all areas of the service and the managers had access to the providers 'corrective preventative log' (CPL). This was a system where all accidents and incidents were monitored and all service audits recorded.

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

- The service actively sought feedback from people and their relatives. We saw thank you cards and letters and relatives we spoke with gave very positive feedback about the service.
- Forestview was an adapted bungalow situated in a private residential area and they had good relationships with their neighbours.

Continuous learning and improving care

- The management team continued to undertake the provider's mandatory training and refreshers, alongside the support staff.
- New electronic care planning systems were being put into place by the provider and the management team were taking the lead in learning how to use these effectively. They would then disseminate their knowledge to the staff team.
- The new care planning system would ensure recording and relaying information was current and would benefit people from being more efficient and accurate. The registered manager was looking forward to becoming proficient in using the new system. They felt it was a very positive addition to the continued improvements in the service.

Working in partnership with others

- The staff at Forestview worked closely with other professionals in the community team for people with learning disabilities. Their good working relationship meant they could liaise with specialist nurses regularly which provided good outcomes for people's health and treatment.
- The registered manager attended manager meetings to share knowledge and to keep up to date with best practice techniques.