

The White Horse Care Trust







Dramsdon

Inspection report

Rivar Road
Shalbourne
Marlborough
Wiltshire
SN8 3QE
Tel: 01672 870565
Website: www.whct.co.uk

Date of inspection visit: 23 April 2015
Date of publication: 18/05/2015

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?	Requires improvement	
Is the service well-led?	Good	

Overall summary

The inspection took place on 23 April 2015. This was an unannounced inspection. During our last inspection in September 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Dramsdon is a provider of residential care for adults who are 18 and over and who have autism, learning disabilities and other associated health needs. They provide accommodation and personal care for up to five

Summary of findings

people. At the time of our inspection there were four people living in the home. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

We found that people's care and support plans did not always reflect people's current needs and identify how care and support should be provided. This meant that people could be at risk of inconsistent care and/or not receiving the care and support they need. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Autism affects people in different ways which can include difficulties with interacting socially and the development of language and communication skills. Where people behaved in a way that may be seen as challenging to others, staff managed the situation in a positive way which respected and protected people's dignity and rights. Staff sought to understand and reduce situations that may cause people distress and put them and others at risk of harm.

People received care and support from staff who knew and understood their likes, dislikes, preferences and needs. Staff responded to each person's needs in a caring and compassionate manner. We observed people receiving support in a way which demonstrated staff respected their privacy and dignity at all times.

Staff managed medicines safely which included storing them correctly and having procedures in place to dispose of them appropriately. Staff kept accurate records which showed that people received their medicines as prescribed.

People were involved in decisions about what they ate and drank. They had access to snacks in-between meals and were supported to maintain a balanced diet that promoted healthy eating and included their preferences.

There were always enough competent staff on duty. The registered manager ensured recruitment systems were robust and that the right people were recruited to keep people safe.

Relatives spoke positively about the care and support received by their family member. They said that staff knew the people they were supporting well and they could raise any concerns they may have. There was a management structure in the home that provided people with clear lines of responsibility and accountability. The provider had an effective system to regularly assess and monitor the quality of service that people received and an effective complaints system.

Staff had the confidence to question practice and report concerns about the care offered by others. The registered manager explained that staff would be supported and their concerns fully investigated. Staff were knowledgeable about the procedures in place to recognise abuse and how to report their concerns.

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

People were kept safe as staff knew how to recognise signs of potential abuse and knew how to report safeguarding concerns.

Risk assessments were in place which minimised the risk of potential harm to people whilst not restricting their choice and independence.

There were arrangements in place to ensure that staffing levels had the right mix of skills, knowledge and experience to meet people's individual needs.

Good



Is the service effective?

The service was effective

Staff received effective support, supervision and training to ensure they could perform their role correctly.

Staff and the registered manager understood the Deprivation of Liberty Safeguards (DoLS) and the requirements of the Mental Capacity Act 2005. They put this knowledge into practice to ensure people's rights and choices were respected.

People's day to day health needs were met. People had access to healthcare services and where required received ongoing healthcare support.

Good



Is the service caring?

The service was caring

Staff listened to people and spoke to them appropriately and in way they could understand.

Staff treated people with kindness and compassion acknowledging their preferences and choices.

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. We saw staff knocked on people's doors before entering their room.

Good



Is the service responsive?

The service was not always responsive.

We found that people's care and support plans did not always reflect people's current needs and identify how care and support should be provided. This meant that people could be at risk of inconsistent care and/or not receiving the care and support they need.

Requires improvement



Summary of findings

People were supported to take part in activities both within the home and the local community.

There were procedures in place to respond to and investigate complaints. Relatives told us they knew how to raise their concerns.

Is the service well-led?

The service was well-led

Staff we spoke with were happy and motivated in their work. They understood their role and what was expected of them.

There was a registered manager in post as required by their registration.

Quality assurance processes were used to monitor the standard of service provided and to make improvements where required

Good



Dramsdon

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 23 April 2015 and was unannounced. One inspector carried out this inspection. 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. Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR) as the inspection was carried out at short notice. 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. This included observing care practices throughout the day, talking to people's relatives, looking at documents that related to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans, staff training records, staff duty rosters, staff personnel files and quality monitoring documents. We also looked around the premises.

People using the service were not able to tell us in any detail what they thought of the service. During our inspection we observed how staff supported and interacted with people who use the service. We spoke with two relatives about their views on the quality of the care and support being provided. During our inspection we spoke with the area care manager, the registered manager, the deputy manager and two support workers.

Is the service safe?

Our findings

People living at Dramsdon were not able to tell us whether they felt safe living at the home. However during our inspection we saw that people did not hesitate to go to staff when they wanted support or assistance with a task. This indicated that they felt safe and comfortable around the staff members. Relatives said they had confidence in the staff's abilities to keep their family member safe. One relative told us "I have every confidence in the staff, the care is extremely good." Another relative said "They know exactly what he needs, I have no concerns."

People were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at three people's care and support plans which included risk assessments which promoted people's independence, freedom and choice. Risk assessments included accessing the community, support for staff in managing people's distress, personal care and nutrition. Risk assessments were used to identify what action was needed to reduce the risk whilst supporting people to still take part in their daily routines and activities around the home and in their community. For example one person had a bath time routine which identified they enjoyed some time alone in the bathroom. Staff respected this and there was guidance in place on how to minimise any risks whilst ensuring the person remained safe. This included staff staying in close proximity to the bathroom.

The provider had guidance on each individual care plan on how to respond to emergencies such as fire. This ensured that staff understood how people who use the service would respond to a fire emergency and what support they required. Staff had also received training in fire safety.

People's safety and how to recognise possible signs of abuse were clearly understood by staff. They described what they would look for, such as a change in a person's mood or bruising. They were able to describe what action they would take and how they would make sure people were kept safe. Training in the protection of vulnerable adults had been completed by all staff and information on the home's safeguarding procedures and who to contact were available. The registered manager was fully aware of local procedures and their responsibilities to report any concerns to the local authority. Staff had confidence any

concerns they raised would be listened to and action taken by the registered manager. There were arrangements in place for staff to contact management out of hours should they require support.

There were suitable arrangements to ensure that people's medicines were managed safely. Due to some medication errors the registered manager had introduced a protocol for all staff to follow. This included guidance for staff to ensure they were not disturbed whilst administering medicines. Other staff on duty would be aware of when medicines were to be dispensed and would ensure they were available to offer support to people not receiving medicines. We observed the staff member administering people's medicines. The pharmacy provided medicines in a 'Bio Dose' system or labelled boxes. The staff member took the time to check the 'Bio Dose' label with the corresponding Medication Administration Record (MAR) sheet before administering the medicine to each person. We saw staff explained to the person that it was time to take their medicine and offered a drink.

There was a policy and procedure for the safe management of medicines. Medicines were stored safely in a locked cabinet. Up to dated records were in place for the disposal of unused or out of date medicines. Staff had received adequate training in the safe management of medicines and had also undergone being observed by senior staff before being signed off as competent to administer medicines.

We looked at two staff files and saw people were protected by a safe recruitment system. Staff had completed an application form, had provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. 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. All staff were subject to a formal interview in line with the provider's recruitment policy. Staff would also meet the people living at Dramsdon informally as part of the interview process. Records we looked at confirmed this.

The registered manager explained they would organise the staff roster to ensure there was always the right mix of staff on duty. They said that new staff would always work alongside experienced members of staff until they got to

Is the service safe?

know the people living there. This ensured that there was always the right mix of skilled and experienced staff on duty. We looked at the home's roster which indicated there was a consistent level of staff each day.

We found the service to be clean and tidy. The staff could explain the procedures they would follow to minimise the

spread of infection. Staff followed a daily cleaning schedule to ensure that all areas of the home were cleaned. However there was not any formal guidance in place for staff to follow should there be an outbreak of an infectious disease. We have spoken with the registered manager regarding this who will ensure guidance is made available.

Is the service effective?

Our findings

One relative of a person using the service told us “This is the best home my son has ever lived in.” Another relative said “They support him to be independent and lead a full and active life as is possible.” People were not able to tell us themselves whether they believed that the staff who cared for and supported them had the right skills to do so. During our inspection we saw that the staff communicated with people effectively, explaining to them at all times what they would be doing next or later in the day.

People had access to food and drink throughout the day and staff supported them when required. Care plans included people’s preferences for food and drink. For example we saw that one person liked to drink frequently throughout the day. Drinks were not limited but discussions around this person’s fluid intake had taken place with the person’s GP. The amount of drinks the person had during the day was recorded and discussed with the GP who was happy that it was not excessive or impacting on their health.

Staff explained that the home had a menu plan that was organised four weeks in advance based on people’s likes and dislikes. They said if people chose not to eat what was offered on the menu that day then alternatives would be offered. There was a picture board menu available in the dining room with pictures of the food planned for each meal that day. We discussed with the manager how people were involved in planning the menus. They explained pictures were used to assist people with choosing what meals they would like to eat. We asked how people would know what they might like to eat four weeks in advance and how they remembered what they had chosen. They said that they would look at how they could involve people to plan meals in the short term to support flexible choices.

People’s healthcare needs were regularly monitored. Health care plans were detailed and recorded people’s specific needs, such as regular blood tests for certain health conditions. There was evidence of regular consultations with health care professionals where needed, such as dentists, doctors and specialists. Concerns about people’s health had been followed up and there was evidence of this in people’s care plans.

A system was in place to provide staff with the training to ensure they had the required skills and knowledge to carry

out their role. We looked at the training matrix, which showed training staff had undertaken, training which was still required and highlighted when refresher training was due. Training needs were also monitored through individual support and development meetings with staff. These were scheduled every three months. However staff told us they could approach the registered manager anytime to discuss any suggestions or raise any issues. During these meetings staff discussed the support and care they provided to people and guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a ‘Supervisory Body’, the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by Dramsdon.

We saw in one person’s care plan records of a best interest meeting with the person’s relative, the home and other health and social care professionals to discuss required medical treatment and to decide the best way forward. We saw records of this meeting and decisions undertaken.

There was a stable door on the kitchen access and the bottom half was closed when staff were cooking. People could see over the door and were able to observe what activities were taking place in the kitchen. We asked the manager why this restriction was in place. They explained that it was due to people having no comprehension of the dangers in the kitchen. We reviewed the risk assessment for

Is the service effective?

this which did not contain the information as to why the restriction was in place. The manager said they would review this practice and evidence which least restrictive practices have also been explored.

Is the service caring?

Our findings

People were not able to tell us directly about the care they received. Relatives we spoke with were very happy with the care and support provided. Comments included “It’s a home not an institution. Staff know him really well. They’re like family” and “The care is very good. They get him out and about as he really loves socialising.” Relatives told us staff were kind, caring and respectful. They had no concerns regarding the care and support their family member received.

We spent time in the communal areas and saw that the interactions between people and staff were caring, compassionate and that staff treated people respectfully. Staff knew and understood people’s individual needs and ways of communicating. Staff gave people time to express themselves and responded to requests for support.

All staff spoken with were respectful of people’s needs and were sensitive and understanding in their approach to their role. During the inspection we saw staff were patient in their interactions with people and took time to listen and observe people’s verbal and non-verbal communication. For example one person frequently asked for a drink or about their afternoon activity. Staff responded patiently answering the person’s question and offering reassurance.

Staff spoken with had an in depth knowledge and understanding of people’s needs, preferences and past histories. One member of staff told us about a person’s preference for getting up early and going to the local shop as part of their morning routine. They explained that the person liked to buy their favourite drink which we saw happening as we arrived for our inspection. This was also noted in the person’s care plan.

Staff we spoke with were very knowledgeable on how to meet people’s needs. They were able to explain to us how they maintained people’s dignity and privacy when supporting them with personal care. Staff were very person centred appreciating that what worked for one person doesn’t necessarily work for another.

We saw people moved freely around the home choosing to sit in the communal areas, go to their bedrooms or go out for a walk. People’s needs and preferences had been taken in to account to ensure their bedrooms reflected these. For example one person liked to have music on. There was a radio in their bedroom so that they could listen to music of their choice.

People were supported to maintain and build their independence skills. Staff spoken with were able to describe examples of how they support people with their independence in a variety of tasks including personal care and attending leisure activities. People were involved in their local community attending fetes and other organised functions. They also accessed the local pub and shop with staff support.

Staff were knowledgeable about people’s health and personal care needs and the support each person required. Records showed yearly reviews had been held with the person, family members and staff members to discuss the care and support the person received. The outcome of the review noted goals the person would like to achieve in the coming year, such as accessing different activities or going on holiday. These were reviewed monthly to monitor their progress.

Is the service responsive?

Our findings

We looked at three people's care and support plans. Whilst we found that care focused on the needs of the individual not all care plans had been updated to include information about the care and support required. For example when we spoke with staff they explained how they had supported someone to maintain a healthy weight under the guidance of the dietician. This had involved the person being able to eat their favourite foods but staff being aware of portions sizes. This had not been recorded in the person's care plan to ensure that all staff were aware of what assistance the person required to support them with portion control.

We looked at people's guidance for medicines that where 'as and when required'. Guidance did not always identify what signs or symptoms staff should be looking for before administering the medicine. Some people had medicines for when they suffered with hay fever. The guidance did not include what signs staff should be looking for in the individual before giving this medicine.

We discussed with some staff how they supported people with their sexuality and cultural needs where required. They explained it was really important they enabled people to express these needs such as, their sexuality and for this to be done in a dignified way. However care plans did not include these needs and how staff should best support people.

We found that the registered person had not protected people from the risk of unsafe or inappropriate treatment because accurate and appropriate records were not maintained. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives confirmed they were involved in planning and reviewing their family members care and support. One relative told us "We are invited to a review each year. During this meeting we can discuss (person's name) progress and how he is getting on. We also get the opportunity to discuss things that might be of benefit to him in the future. We can also discuss any concerns we may have at any other time

during the year. In each person's care plan there was an introduction which explained that as the person was unable to write their own support plan the plan had been written by staff, family and other professionals who knew the person well.

People were involved in various activities within the community. These included trips to the local shop and pub. In one person's care plan it noted that the person liked to visit the shop every day as part of their morning routine. The person had just come back from this trip when we arrived to complete our inspection. The registered manager explained that people were supported to be involved in their local community attending local fetes and functions. People in the village also bought the people living at Dramsdon Christmas presents each year.

Throughout the inspection we saw that staff spent time with people to make sure they received the care and support that was centred on them and were responsive to their needs. For example one person liked to have a drink regularly. Each request for a drink was responded to by a staff member. If the staff were engaged in doing something else then an explanation was given that they would just finish what they were doing and then would be able to get the person their drink. If the task was to take some time then another member of staff was requested to make the drink. The person also liked to ask about what was going to happen next. Each time the person asked about their afternoon activity staff responded offering reassurance as to when the activity was going to take place.

There was a clear complaints procedure in place. Relatives told us they knew what to do if they were unhappy with any aspects of care their family member was receiving. They said they felt comfortable speaking with the manager or a member of staff. The service had access to a local advocacy service should people require this. There had not been any formal complaints since our last inspection. The registered manager showed us records of discussions which had taken place when people had raised concerns but not wanted to make a formal complaint. She explained that this ensured concerns were still listened to and action taken to prevent them from becoming formal complaints.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. Relatives said they knew the management team well, saw them often and told us they felt comfortable speaking with them. Staff told us they could easily raise concerns with the registered manager and were confident any issues would be addressed appropriately. Staff and the registered manager told us they felt well supported in their role and that they did not have any concerns. Staff gave examples of the manager working with them on a shift which they thought was positive and supportive.

Staff were aware of the organisations vision and values. One staff member told us their role was to support people to live as fulfilling a life as possible, provide them with choices and to keep them safe. There were regular staff meetings where staff were able to raise any issues that may be of concern to them. All staff spoken with provided positive feedback about the organisation and the management team.

The provider had systems to regularly assess and monitor the quality of service people received. Audits took place periodically throughout the year. 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, health and safety audits. There was also a manager's checklist which was completed monthly. Actions highlighted were noted and then signed to say they had been completed. Regular visits were made by senior management and members of the trust. The registered manager told us she was supported by her line manager with regular meetings to discuss areas of concern or development.

The home had recently undergone an Environmental Health Officer (EHO) inspection. These inspections check that the food the service produces is safe to eat. This includes looking at the premises and the food safety management systems. The home had been awarded a five star rating, which is the top rating.

We saw records for accidents and incidents that had occurred. The form contained sections to detail the incident and any investigations or required actions. All accidents and incidents which occurred in the home were recorded and analysed. The registered manager explained that all accident and incident forms were sent to head office where they were analysed to identify any trends or patterns. This information would then be feedback to the manager to ensure appropriate actions were taken. The manager gave an example of learning from recent errors which had occurred with the administration of medicines. A protocol had been put in place for all staff to follow to minimise the risk of errors occurring.

Regular maintenance was undertaken to ensure the property remained fit for purpose. Environmental risk assessments such as fire risk assessments were completed.

The service had appropriate arrangements in place for managing emergencies. There was an up to date risk assessment which contained information about what to do should an unexpected event occur, for example a flood or loss of utilities. There were arrangements in place for staff to contact management out of hours should they require support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were not protected from the risks of unsafe or inappropriate treatment because accurate and appropriate records were not maintained to ensure people's needs were met. (3) (b) (c)