The Brandon Trust

Tewkesbury View Care Home

Inspection report

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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

This inspection took place on 9 and 12 October and was unannounced. Tewkesbury View Care Home can provide accommodation and personal care for up to six adults with a learning disability, autism spectrum condition and/or physical disability. Four people were living at the home when we visited and they had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and people required the support of one or more staff when away from the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

We found one breach of our regulations. There were detailed health and care records in place for people but some important information was either missing or had not been updated in some records. This increased the risk that people might not receive care that met their needs and preferences.

People were supported by a caring and dedicated staff team who knew them well and treated them as

Summary of findings

individuals. Staff worked hard to understand what was important to people and to meet their needs despite the difficulties some people had communicating. Staff were patient and respectful of people's unique preferences.

Staff supported people to take part in activities they knew matched the person's individual preferences and interests. People were encouraged to make choices and to do things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence.

Some people had complex health needs and these were met by staff who worked closely with health and social care professionals. Staff understood when they needed guidance from professionals and followed their advice.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised. Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

The provider had established a clear set of values for the service that staff understood and followed. Senior staff sought feedback from people, relatives and healthcare professionals on the quality of the service and took action to address any problems. Learning took place following any incidents to prevent them happening again.

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?

Good

The service was safe. The risks people faced had been assessed and a balance had been struck between keeping people safe and allowing them to live as they chose.

People received the medicines they needed from trained staff but stock checks were not always accurately completed. The premises were well maintained and clean. Sufficient staff were available to keep people safe and meet their needs.

People were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Is the service effective?

Requires improvement

The service was not always effective. People had decisions made on their behalf that were not fully documented and some health related information had not been robustly reviewed.

People were supported to stay well and have a healthy diet. Staff sought and followed guidance from healthcare professionals.

The training staff needed to support people had been provided. Staff met with their line manager to receive feedback on their practice and discuss developmental needs.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. Relatives and healthcare professionals spoke highly of the service.

People were supported to communicate by staff who knew them well and respected their individuality. They were encouraged to make choices and to be as independent as possible.

Staff were prepared to challenge and address poor care. Managers took action to support staff to improve if needed.

Is the service responsive?

Requires improvement

The service was not always responsive. Although staff clearly knew people well, the support plans were not being robustly reviewed to ensure the information remained accurate.

Each person was treated as an individual and they were supported to take part in a variety of activities in the home and the community.

Summary of findings

Relatives said they would be able to complain if they needed to and were confident staff would act to resolve the problem. Staff monitored people's behaviour to identify if they were unhappy.

Is the service well-led?

Good

The service was well-led. The quality of the service was regularly checked and areas for improvement were addressed. People, their families and health and social care professionals were asked for feedback and their comments were acted on.

A learning culture had evolved where staff could openly share feedback with the team leader and registered manager. Staff understood their responsibilities and felt able to share concerns with the registered manager.

The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations.

Tewkesbury View Care Home

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 9 and 12 October 2015 and was unannounced. An adult social care inspector carried out this inspection.

Before the visit we reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification. We received written feedback from a learning disability quality assessor from the local authority.

During our visits we spoke with one person using the service and spent time observing the care and support provided by staff. We spoke with the registered manager and six members of staff. We looked at two support plans, staff training records and a selection of quality monitoring documents.

After our visits we spoke with one relative and received written feedback from two healthcare professionals.

Good

Is the service safe?

Our findings

People lived in a home that was clean, tidy and comfortable. On a monthly basis the building was checked to make sure it was clean and in good order. Staff had a system for requesting building maintenance and said requests were actioned in a timely fashion. Checks to keep people safe such as fire alarm tests and emergency lighting tests took place regularly. As part of the monthly health and safety checks the fire exits were checked to make sure people could leave the building safely. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. This information was very detailed for one person who could refuse to leave the building. The team leader told us they would review the systems for checking water temperatures and food disposal dates to ensure people were kept safe.

People received their medicines when they needed them from trained staff who had their competency checked annually. Staff had completed an assessment of each person's ability to manage their own medicines. This ensured the support they received matched their actual needs. Medicines were stored safely and staff disposed of medicines at the right time. The administration records were correctly completed but a record of the medicines that should be in stock was not always accurately kept. This decreased the chances that an administration error would be picked up as soon as possible. A senior member of staff told us she would review the system in place.

People were supported by staff who had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They had received safeguarding training and described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would report abuse and were confident the registered manager would act on their concerns. Most people would be unable to verbally communicate if they were being abused so staff monitored their behaviour for unexpected changes that needed following up. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

The risks people faced were being managed by staff. The way these risks should be managed had been assessed and recorded using risk assessments which showed how the risk had been reduced. Staff described how they approached balancing risks and people's right to make choices. For example, staff reviewed the support one person needed to ensure they could still go out safely despite some behaviour that could potentially put them at risk.

Incidents were recorded and reviewed and this resulted in changes to people's risk assessments and support plans. Incident reports were reviewed by the registered manager to make sure the necessary actions had been completed before they were signed off. However, one incident form from November 2014 had not been shared with the registered manager. This was unlikely to occur again as forms were now submitted electronically. We saw evidence that appropriate action had been taken after the incident despite the form not being signed off. The risk of people suffering preventable harm was reduced because learning and action took place following any incidents.

Some people could become very upset and this put them and others at risk of harm. Staff had worked with healthcare professionals to agree the best ways to support people and prevent them becoming upset. In some cases, this resulted in restrictions being put in place to help people stay calm. Where possible, the person had been involved in agreeing these restrictions. This had worked well for one person and they had not become very upset for some time.

People's money was managed safely. Receipts were retained and withdrawals were checked against the person's bank statement. An internal financial audit was completed to check company procedures were being followed. Some suggestions had been made after the last audit including the need to specify the maximum amount of money that would be kept in each person's current account. Each person had a financial passport that contained important information about how their money was managed to make sure staff followed the correct procedures.

There were enough staff on duty to meet people's needs and staff had the time to sit and talk with the people they were supporting. The number of staff needed for each shift was calculated by taking into account the level of care commissioned by the local authority and knowledge of the activities to take place that day. Staff confirmed that the required number of staff were on duty for each shift.

Requires improvement

Is the service effective?

Our findings

Whilst we could see that people's rights under the Mental Capacity Act 2005 (MCA) were being respected in practice, this was not always adequately documented. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. A mental capacity assessment and record of the decisions made were in place for most significant decisions that had been taken on behalf of a person without mental capacity. However, one person needed a lap strap to be in place when they sat in their wheel chair. This was a restriction of their freedom but an assessment of their capacity to consent to this had not been recorded.

The mental capacity assessments that had been completed included the appropriate functional test to show why the person did not have capacity. They did not, however, detail what staff had done to try to help the person make all or part of the necessary decision. As such, there was no record to show that all practicable steps had been taken to help the person make the decision themselves.

Some people had complex health needs and staff demonstrated a good understanding of these needs. People's health needs had been assessed and were recorded in their health action plan. Some of the information contained in these plans was not accurate which increased the risk that people did not receive the support they needed at the right time. For example, it was unclear if one person needed to see the dentist every six or 12 months as the information in "My Health Book" was different to their health action plan. They had not seen the dentist for 12 months.

People also had a hospital passport in place to guide professionals if they needed to be admitted. Some important information, such as the medicines people took or their nearest relative, had not been updated. The documents had been reviewed since the information changed but the member of staff reviewing them had not noticed a change was needed. This called into question how effective the review was.

The incorrect information in people's health records and missing MCA records were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff met with their line manager to discuss their performance and training needs and had annual appraisal meetings. These meetings were taking place frequently enough to meet the requirements of the provider. Staff told us these meetings were helpful and helped them to develop their skills. Interspersed with the supervision meetings were observations of their practice which allowed the team leader to give useful feedback on their performance. For example, a member of staff had been supported to improve their communication skills. The team leader was completing these meetings but we found she was not having regular supervision meetings herself. The registered manager agreed to address this. The registered manager confirmed she had frequent contact with the team leader but this was not necessarily documented as a supervision meeting.

Staff told us they felt well trained and could ask for additional training if they needed it. The team leader received a summary of the training each staff member had completed, including renewal dates, annually from the provider. They reviewed this summary at each supervision meeting with staff members to make sure they kept up to date with their training. The summaries showed all staff had current training in the topics identified as mandatory by the provider. Staff had also completed training that was relevant to the needs of the people they supported. For example, dementia and autism training. One member of staff was keen to undertake further training to help them understand more about autism.

In a recent feedback survey, healthcare professionals had praised the service for seeking guidance at the right time and sharing appropriate information. A healthcare professional told us staff always contacted them if people needed reassessing and always followed their guidance. They were also pleased that staff asked for further clarification if needed.

People received food prepared in the way advised by a speech and language therapist so they could eat safely. This included blending food and providing adapted crockery to help people feed themselves. People were

Requires improvement

Is the service effective?

encouraged to eat as independently as possible. Staff considerately blended each food item separately so there was colour on people's plates and it looked more appetising.

Some people could not tell staff what they wanted to eat. Staff knew the foods people responded to well and had designed a menu around this information. An alternative was offered if people did not want the meal provided. Staff tried to cook as much fresh food as possible. People had the option to eat together in the dining room or in their room if they preferred. Some people needed staff to feed them and this was done at the pace set by the person and they were not rushed. Staff gave the person their full attention.

People's ability to choose where to live had been assessed and appropriate steps had been taken if they could not make this decision. Staff respected people's legal rights under the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Applications to deprive people of their liberty had been made to the local authority when needed.

The building had been personalised with colours and pictures that were significant to each person. There was plenty of space for people to spend time together and people had private space when they wanted to be alone. Each person's bedroom was laid out to suit their preferences. One person chose not to use drawers to store their clothes. Staff respected this decision and did not move their property as this upset the person.

Good

Is the service caring?

Our findings

One person told us they liked the staff that supported them and a relative told us staff were "Brilliant. No concerns at all". The service had received compliments from relatives, one of which referred to staff as "doing that bit extra". Healthcare professionals said staff treated people as individuals and said staff spoke about people first and their disabilities second. They said everyone was well cared for and appeared content and well.

There was a friendly and warm atmosphere in the home and staff behaved in a caring and professional manner. Each person was treated as an individual by staff who knew them well and people looked comfortable with the staff supporting them. One relative felt fully involved in their relative's care planning and felt staff had listened to them. They felt well informed. A healthcare professional said families were always fully involved in decisions. Staff knew they could arrange an advocate for people if they did not have someone to help them to make decisions.

Staff had detailed knowledge of the people living at Tewkesbury View. Staff explained what could upset people, what helped them stay calm and what people were interested in. This closely matched what was recorded in people's support plans. We saw staff applying this knowledge during our visit. Staff responded quickly if people showed signs of distress and spent time with the person to find out what the problem was.

Staff understood the different ways people liked to communicate and gave them time to express themselves. Some people could not use words to communicate. New staff spent time with more experienced staff learning what different sounds or movements may mean for people. Staff knelt down when they communicated with people using a wheelchair so they were communicating at the same level as the person. They talked with people about topics of general interest that did not just focus on the person's care needs.

People were encouraged to make choices, for example about what they drank, when they got up or where they spent time. Staff patiently explained choices to people and then waited for a response. The choices were offered at the appropriate level and ranged from selecting from two cereals at breakfast to discussing plans for the day. People's choices were respected even when this caused extra work for staff.

Staff encouraged people to be as independent as possible. They gave people the time they needed to complete tasks themselves and did not intervene too soon. Staff were aware that some people understood more than they could communicate and did not underestimate their abilities. During mealtimes people were encouraged to eat as independently as possible. Each person's support plan clearly identified what the person could do independently and where help should be offered.

Staff were aware of the need to protect people's dignity, particularly whilst helping them with personal care. Dignity and privacy were mentioned in people's support plans to give staff practical guidance. For example, staff were reminded to cover one person's catheter bag to preserve their dignity. Staff ensured people had privacy when they wanted it and were careful to hold confidential conversations away from other people. A dignity champion had been identified in the service to ensure the focus on dignity was not lost. The champion had identified the need for one person to have a lock on their bedroom door so they could decide when and who entered their room.

The risk of people experiencing poor care was reduced as staff and the registered manager were prepared to address problems as they arose, either through staff development or disciplinary action. The way staff supported people was checked during observations to make sure they were following company policy and people's support plans. Staff received feedback to help them improve the way they worked with people. This approach prevented people being exposed to poor care once it was identified.

Requires improvement

Is the service responsive?

Our findings

Each person using the service had a support plan which was personal to them and gave others the information they would need to support them in a safe and respectful way. Some of the information recorded about people was not being robustly updated to make sure staff had access to the most current written guidance. Whilst staff were able to talk knowledgably about each person, there was a risk that staff not familiar with each person could be misled by the records.

A small number of documents, including risk assessments and support plans, had been reviewed but staff had not noticed they needed updating. For example, one person had an eating and drinking risk assessment that referred to methods of eating and drinking that were no longer safe for the person. Although staff we spoke with were clear about how this person should be supported to eat and drink, the incorrect information could have resulted in the person being harmed if followed. A senior member of staff altered the plan during our inspection. The local authority had identified at a recent inspection that some support plans and risk assessments contained inaccuracies despite staff signing them to say they had been reviewed. They had questioned the quality of the review process.

A small number of support plans were missing information staff would need to support the person safely. One person needed two staff to help with their personal care. At night there was only one member of staff on duty. This person's support plans did not explain how they were to be supported at night if they needed personal care. Their daily notes showed this was a rare occurrence but did happen. A senior member of staff altered their support plan during our inspection to explain how staff should respond to this situation in a safe manner that preserved the person's dignity.

Some people were prescribed medicines that could be administered when needed (PRN) rather than at set times. A protocol was in place for the PRN tablets but not for all creams. Staff did not have guidance on where and when the creams should be used. Some of the creams could cause harm if they were used too often so staff would need accurate written guidance. Staff we spoke with knew how to use the creams. The protocols were put in place before the end of our inspection.

Each month, people's key workers were supposed to complete a review of any health problems, the person's mood and the activities they had taken part in. One person's monthly summary had not been completed for three months. This increased the risk that problems may not be identified as early as possible. We did not see evidence that the missing summaries had impacted on the care the person received as staff were all aware of recent changes. An agreed schedule for reviewing support plans was recorded at the front of each support plan. Some sections of one person's support plan had not been reviewed for five months but should have been reviewed every three months. This increased the chances of changes not being recorded in a timely fashion. A senior member of staff told us they were aware the plans needed updating.

These issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had assessed each person's needs over time using input from their families. There was, however, little evidence of who had contributed to the plans and how involved the person concerned had been. The registered manager told us they would address this. Support plans included information on maintaining people's health, their daily routines, how to support them emotionally and how they communicated. It was clear what the person could do themselves and the support they needed. Information on the person's known preferences and personal history was also included. Where people could become very anxious, there was clear information about how to support them to manage their anxiety. We observed staff using these techniques.

People were supported by staff who could explain their needs and preferences in detail. People's needs were complex and staff spoke confidently and competently about the best ways to support each person. Staff got to know each person and the support provided was built around their unique needs. Staff monitored how people responded to different situations and used this to build up a picture of their likes and dislikes. Changes to people's needs and preferences were shared using a communications book and at meetings between each shift.

Each year people took part in planning meetings to review what had gone well and what they would like to happen in

Requires improvement

Is the service responsive?

the future. Some people could not contribute to this verbally so staff based their decisions on people's known preferences. Family members were invited to these meetings.

People were supported to take part in activities within the home and in the community. Some people took part in a limited number and range of activities because of their health. Other people were known to frequently refuse activities. Staff recorded the activities people had taken part in away from the home but there was less information about activities within the home. Similarly, there was little information about refused activities or planned activities that could not take place. The activity schedule in place for each person was not an accurate reflection of what was actually taking place. A senior member of staff updated this during our inspection.

Relatives told us they would be happy to tell staff if there was a problem and knew it would be acted on. The service had a complaints procedure. Compliments had been received from family members but no written complaints in the last 12 months. A record was kept when concerns were raised and the problem was addressed as quickly as possible. Most people living at the home would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy and address it.

Good

Is the service well-led?

Our findings

The provider's mission statement was "Supporting and enabling people with a learning disability to live the lives they choose". Staff understood this statement and when we asked what the vision of the service was one member of staff said, "to support people as they wanted to be supported". We observed staff acting in accordance with these values. These values were discussed at staff meetings. For example, staff were encouraged to be more assertive in challenging agency staff if they forgot to knock on people's doors or spoke to them in a condescending manner.

Staff were committed to listening to people's views and the views of the people important to them in order to improve the service. Most people could not express their views using words so staff gathered feedback by monitoring people's mood and behaviour. People's relatives were asked for feedback and actions were taken to address any concerns. A quality survey was sent out annually to relatives and health and social care professionals. This covered topics such as staff knowledge, involvement of relatives, information sharing and activity levels. The feedback from the last two surveys had been positive across the board.

Staff told us they worked well together and were able to use their individual strengths to benefit the team. Staff said the team leader and registered manager were both very accessible. They felt able to raise concerns and were confident they would be acted on. Team meetings were held each month and staff said this was an opportunity to discuss concerns and plan activities for people. Staff were positive about the support they received to do their jobs and said they understood their roles and responsibilities. At each handover meeting, the senior member of staff identified the tasks that each member of staff would be responsible for.

There had been very few incidents in the last 12 months but the team leader explained how they had learned from incidents in the past. This had included reviewing incidents over a period of time to look for patterns and trends. The registered manager and team leader attended meetings organised by the provider to encourage learning and the sharing of best practice.

A new schedule of monthly quality visits based on the CQC five key questions had been introduced. Under the new system, the same external manager would complete each visit which would allow them to follow up actions from the previous visits. Prior to each visit, the staff team were asked to comment on the key questions. Action plans were produced following each quality check and most of the problems highlighted during our inspection had already been identified by the audits. For example, the need to improve activity recording, the need to update some medicines protocols and the need for the team leader to have regular supervision meetings. Some progress had been made, for example the team leader had booked herself on enhanced safeguarding training and other staff had completed mental capacity training.

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 17 HSCA (RA) Regulations 2014 Good governance The registered person had not ensured that systems and processes had been established to ensure an accurate, complete and contemporaneous record was being kept in respect of each service user, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.