

The White Horse Care Trust

Forestview

Inspection report

60 Cherry Orchard
Marlborough
Wiltshire
SN8 4AS

Tel: 01672512464
Website: www.whct.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Forestview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Forestview can accommodate eight people. At the time of our inspection there were seven people living in the home and one person receiving short term respite care. The home is a bungalow with a communal lounge and dining room, with an accessible kitchen. The bedrooms are spacious with shared bathrooms. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

At the last inspection in January 2016, the service was rated as 'Good'. At this inspection we found the service was 'Requires Improvement'.

A registered manager was employed by the service but was not present during our inspection. 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. Our inspection was supported by two deputy managers and an area care manager who has responsibility for overseeing the services within the Trust.

Forestview has been developed and designed in line with the values that underpin the 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.

During our last inspection we found the service was responsive to people's needs and wishes. However during this inspection we found that some care plans had not been updated and monitoring records were not always completed.

Quality audits and monitoring to ensure improvements to the service were identified and acted upon had been completed. However, the areas identified at this inspection had not been prioritised and completed.

There were sufficient staff to meet people's needs who had been through a satisfactory recruitment process. Staff felt supported in their roles, they had access to refresher training to keep their knowledge and skills up to date. Staff were knowledgeable about people, their backgrounds and individual needs. They treated people with respect and in a kind and caring manner. Staff understood how to keep people safe and were confident any concerns they raised would be listened to and the appropriate action taken in response.

Accidents and incidents were recorded and checked by the deputy managers to see what steps, if any, could be taken to prevent them from happening again. Staff were trained in the safe management of people's behaviours which may cause harm to themselves or others.

People using the service needed support with their communication and were not able to tell us their views about the care and support they received. We observed that people were happy and relaxed in the presence of staff. Those people who were able to did not hesitate to seek support which staff responded to.

People were able to make choices about what they ate and drank. They had access to sufficient food and drink. People were able to choose each day what they wanted to eat. Choices were varied to ensure people maintained a balanced diet.

Staff worked alongside other health and social care professionals to ensure people's healthcare needs were met. People's medicines were stored securely and administered safely.

People were encouraged and supported to be involved in making daily choices where they were able. Mental capacity assessments were completed as required and in line with legal requirements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 remains Safe.

Is the service effective?

Good 

The service remains Effective.

Is the service caring?

Requires Improvement 

The service was not always Caring.

While many of our observations of the support people received were positive, there were missed opportunities for better interactions between staff and people.

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

Staff showed concern for people's wellbeing and responded promptly to their request for support.

Is the service responsive?

Requires Improvement 

The service was not always Responsive.

Some care plans had not been updated and records to monitor people's health wellbeing were not always completed.

People had access to a variety of activities both within the home and their local community. They were supported to maintain relationships with those people who were important to them.

There was a system in place to manage complaints. Family members we spoke with said they felt able to provide feedback on the service their relative received.

Is the service well-led?

Requires Improvement 

The service was not always Well-led.

Quality audits and monitoring to ensure improvements to the service were identified and acted upon had been completed. However, the areas identified at this inspection had not been

prioritised and completed.

There was a registered manager in post. Staff spoke positively about the support they received and felt able to discuss ideas and raise concerns.

Staff spoke about providing a good service to people and understood the values of the service.

Forestview

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and took place on 28 February 2018 and was unannounced. The inspection was carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. People using the service needed support with their communication and were not able to tell us their views about the care and support they received. We spoke with four relatives to gain their views on the quality of the care and support being provided to their family members. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed records which related to people and included two care and support plans and daily records also staff's training records, duty rosters, and personnel files. Organisational policies and procedures and quality monitoring documents were also reviewed.

During the visit we met all of the people who use the service. We spoke with the two deputy managers, an area care manager and three care staff.

Is the service safe?

Our findings

People using the service needed support with their communication and were not able to tell us if they felt safe living at Forestview. During our inspection we saw people did not hesitate to seek support and approach staff when required. This indicated people felt comfortable with staff. Relatives told us they felt staff supported their family member to remain safe and they were well looked after. Their comments included "Yes I feel they keep her safe. Before she moved there we discussed what was needed to keep her safe. I explained about her medicines and what plan was need to ensure she received them safely" and "They know him well and keep him safe. This gives me peace of mind. He couldn't be in a nicer place."

There were processes in place to protect people from abuse and keep them free from avoidable harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the registered manager who investigated the concerns and reported them to the local authority safeguarding team as required.

Staff were able to tell us how they supported people to remain safe whilst promoting their independence. Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. They included moving people safely, supporting people who may be at risk of falls and how to support people in the event of a fire. Risk assessments were completed with the aim of supporting people to take risk safely which enabled them to take part in activities around the home and in their community.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Systems were in place which assisted the management team to identify any patterns or trends. Any incidents were recorded on a monthly manager's report which gave them an overview of the incidents which had occurred that month. They deputy managers said this information would then be used to see if any lessons could be learned and changes to care practices made. They gave us an example of t one person who was at risk of falling out of bed and how they had identified that putting a crash mat by the person's bed was the most proactive way of keeping them safe.

People continued to receive their medicines as prescribed and in a safe way. Safe practices for the administering and storing of medicines were followed. All medicines were stored safely and in a locked cupboard. Medicines that were no longer required were disposed of safely. Systems were in place for auditing and controlling stock of medicines. Only staff who had completed medicines administration training were able to administer people's medicines. Assessment of staff's competency in medicines administration where completed via observation of their practice.

People were supported to take the medicines they had been prescribed. We reviewed the Medicines Administration Records (MAR) for two people using the service. We saw these had been correctly completed and initialled by a staff member to indicate they were administered. Each person had a separate detailed file for recording their medicine administration. These contained information on the medicines, the reasons for

them being prescribed and when they should be administered.

People lived in a safe environment. The service continued to have systems to carry out regular health and safety checks. There were procedures to make sure ongoing safety maintenance was completed. All staff received fire safety training and people had personal evacuation plans in place.

People were protected from the risk of being cared for by unsuitable staff. The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough qualified, skilled and experienced staff to meet people's needs. The rotas were compiled by the deputy managers to ensure there was the right mix of skilled staff each shift. We observed people did not have to wait for care and were supported as and when they needed. Staff took their time and care and support was not rushed.

There were processes in place to ensure people were protected by the prevention and control of infection. Regular infection control audits were undertaken to ensure any areas for improvement were identified and acted upon. We found all areas of the home were clean and free from any odours. Staff told us they had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Cleaning responsibilities were identified in cleaning schedules which staff signed to say when tasks had been completed.

Is the service effective?

Our findings

People's needs were assessed to make sure the care and support they required could be provided. Their physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their identified needs. Where necessary staff contacted health and social care professionals for guidance and support. Each person had a hospital "grab pack" that identified their health needs and the support they required to maintain good health. This supported health and social care professionals to ensure people had the relevant care they needed in a way that was important to them. People had access to food and drink throughout the day and staff supported them as required. Staff told us they consulted people daily on what type of food they preferred and ensured foods were available to meet peoples' diverse needs and preferences. Information about people's likes and dislikes and nutritional needs were recorded in individual care plans.

Where people had complex nutritional needs identified, appropriate external advice and support was sought. For example, one person using the service had a surgically inserted PEG tube (percutaneous endoscopic gastrostomy), which is used to maintain people's nutrition and to administer medicines when people are unable to swallow or to eat enough. This person had been reviewed by the Dietician team and nutritional plans were in place in line with their advice.

People's rooms were personalised. Each room was individually decorated, with ornaments and personal belongings. For example, photographs of family and friends, personal furniture and pictures on the walls. Adaptations to bathrooms had been made and appropriate equipment was in place to support people to access these areas. Ramps were in place to support people to access the garden areas.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service continued to work within the principles of the MCA. Where required people's capacity to make decisions about the care and support they received had been assessed. Care plans contained information on supporting people to make daily choices and decisions about the different aspects of their care. Where require authorisations for DoLS had been submitted to the appropriate local authority and were kept under review to ensure the care practices remained appropriate and the least restrictive practice.

Staff remained knowledgeable about MCA and were able to explain how they applied it when supporting people to make decisions. One staff member explained "I will show people things to help them choose. I ask [person] what colour they want to wear today and then will show her two tops in that colour to choose from." We observed people being offered choices during our inspection about what drinks they wanted and activities they wished to attend.

People were supported by knowledgeable staff. Staff continued to receive regular training to give them the skills to meet people's needs, including an induction and training on meeting people's specific needs. The registered manager had systems in place to identify training that was required and ensured it was completed. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety.

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members training and development opportunities and other matters relating to the provision of care people received. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported and could raise any concerns. They felt confident action would be taken where required to resolve any issues.

Is the service caring?

Our findings

While many of our observations of the support people received were positive, not all interactions we observed and heard were supportive. People were not always engaged or informed about what was happening. This included one person who was supported to move from their wheelchair to an armchair. The staff member did not speak with the person about what was expected of them and what was happening. We observed the lunchtime meal. Food was placed in front of people without any explanation of what it was. After a short time one staff member then asked what the soup was and informed the person they were supporting of this.

On another occasion a staff member was supporting someone with their drink. They moved and tilted the person's wheelchair without informing them they were about to do this. They then adjusted the person's clothing without explaining why they were doing this.

Staff gave us examples of how they maintained people's dignity and respected their privacy. They told us they knocked on people's doors before entering. They said they ensured doors were closed and curtains were drawn when supporting people with their personal care. We noted however that a staff member approached one person and did not discreetly ask if they wished to use the toilet. They asked the person from across the room which did not respect their privacy.

We discussed this with the deputy managers and the area care manager. They acknowledged that this practice was not usual of the care people received after Forestview. They explained that some staff were anxious about the inspection and their interaction with the inspector. They felt this was the reason for some of the interactions we observed. The area care manager said that support would be offered to staff to ensure they were aware of the inspection process and how they could be a part of it.

Relatives spoke positively about the care and support their family member received. Their comments included "Staff are brilliant. They are so caring and dedicated. The staff know her well and treat her with respect", "The staff support him really well. They are so friendly, kind and nice. They are like one big happy family. They not only spend time with him but also make time for me to keep me up to date with what is going on" and "Staff are lovely, kind and caring. They regard all residents with a genuine affection."

We also observed some positive interactions between staff and people. We saw a staff member approached one person very gently informing them that it was time for their PEG to be flushed. They sat at the same level as the person and when they were ready to start the flushed informed them that they may feel something cold. They did this discreetly quietly chatting with the person and offering reassurance.

On another occasion we observed one person being supported to enter the communal lounge. Staff were encouraging and supported the person at a pace appropriate to them. They asked the person if they wanted to sit with their feet up and checked they were comfortable before leaving the room.

People who use the service had good relationships with staff members and those who were able did not hesitate to ask for support. Staff members spent time with, and anticipated the needs of, people who were

unable to verbally ask for help. We observed this was done by staff interpreting their mood, the sounds they made, their expressions and behaviour. The happy atmosphere was enhanced by humour from both staff and people; a staff member was observed laughing and joking with one person who in turn laughed and smiled back. Staff showed concern for people's wellbeing and responded promptly to their request for support.

Staff were aware of the individual wishes of people, relating to how they expressed their culture, religion and gender. People's religious preferences were noted in their care plans. Staff were aware of treating people equally and fairly. Their comments included "Everyone here is treated as an individual. To do this it is important we know people's likes and dislikes and respect them.

We spoke with the deputy managers about how they ensured people were treated in a kind and caring manner. They explained that this was monitored through observations of staff's working practices. This was discussed with staff during team meetings or supervisions. The deputy managers also worked alongside staff.

The staff had received compliments regarding the care and support people received. These comments included an email acknowledging the excellent care and support which supported X to have a good quality of life. An email sent thanking the team for the care and good quality of life X receives at Forestview and the peace of mind this gives his family and "Thank you to all at Forestview, I can never thank you enough for looking after X so well."

Is the service responsive?

Our findings

Care plans were individual and personalised. They included information about people's preferences, what they could undertake independently and the areas where they needed extra support from staff. However, information in care plans was not always up to date and detailed. For example, one person had recently had a change to their nutritional support. Whilst there was a regime in place to support their nutritional intake their care plan had not been updated or out of date information removed. The care plan stated that the person required a mashable diet. However, this person was no longer able to take their nutrition orally and had a PEG tube (percutaneous endoscopic gastrostomy) in place, which is used when people are unable to swallow or to eat enough. In the rest of their care plan it noted that the sections needed reviewing due to the "insertion of a PEG". The PEG was inserted in November 2017 but the care plan had not been reviewed to reflect the changes to their care. This meant there was a risk that care had not been changed where required to support the person appropriately.

Another section of the care plan detailed behaviours the person may display when distressed or anxious. However, there was no additional information which identified what may cause the person to become anxious or distressed and what strategies to use to support them.

Another person's care plan recorded that in July 2017 their behaviour support plan required updating to reflect changes in the person's care and support. This had still not been updated during our inspection and there was no other information available to identify what these changes were.

There were various documents in place which recorded the monitoring of people's weight and health appointments they had attended. However these were not monitored to identify any discrepancies and were not always up to date. For example in July 2017 it was noted that one person had gained 15lbs since being weighed in June 2017. In August 2017 records noted they then lost 13lbs and in September 2017 the records noted a further loss of 13lbs. We spoke with the deputy who said this was an error in recording. However as these records had not been reviewed, errors in recording had not been identified and any necessary actions taken.

Whilst people had access to health care professionals the recording of these visits were not always up to date. For example, in one person's care plan it noted that in January 2014 there was an appointment with the dentist. There was no further records on the outcome of appointments or if further appointments were required. This meant people may not be receiving care which was responsive to their needs.

This was a breach of Regulation 9; Person centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had taken steps to support people with additional needs around communication in line with The Accessible Information Standard (AIS), (AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now a legal requirement for the NHS and adult social care services to comply with AIS). People had

communication care plans in place that detailed their preferred methods of communication and how staff could support them to ensure they made themselves understood. For those that were able there was an easy read statement of purpose and complaints procedure in place. Staff explained how they also showed people objects of reference to support people with their daily choices.

People were supported to follow their interests and take part in social activities. People participated in a range of different social activities both within the home and outside in the local community. People attended various local social clubs and accessed their local shops and amenities. On the day of our inspection people were able to take part in an arts and crafts session if they wished. One relative told us "She gets to go out regularly. She goes to the art club, into Marlborough shopping and at Christmas they went to the pantomime."

There was complaints procedure in place in pictorial format for people living in the home to use if they wished. There had not been any complaints since our last inspection. Relatives told us they knew how to make a complaint. Their comments included "I would certainly feel I could raise my concerns but I don't have any. I have total peace of mind with the care they give and I can't sing their praises enough", "I have no concerns. I am absolutely delighted with the care they provide. They are always willing to spend time talking things through with me" and "Communication between us and staff is good and we could raise any concerns."

Is the service well-led?

Our findings

The provider had systems in place to regularly assess and monitor the quality of service people received. Audits completed periodically throughout the year included health and safety, infection control, administration of medicines and monthly management reports. A plan of actions to address the areas of improvement identified had been compiled. However, whilst the systems in place to assess and monitor the quality of the service had been effective at identifying shortfalls and areas of improvement in the service these had always been acted upon in a timely manner. For example whilst the action plan had identified that care plans required reviewing and updating, priority had not been given to those care plans that needed updating due to identified changes in people's care and support.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

There was a registered manager in post who was supported by two deputy managers. Staff were aware of the organisations visions and values. They told us their role was to provide people with safe care and support whilst encouraging them to be as independent as possible. Regular staff meetings were held to make sure staff were kept up to date and they were given the opportunity to raise any issues that may be of a concern to them. All staff spoken with provided positive feedback about management and the support they received. Comments included "I really enjoy working here. They are really open to listening to us. We can discuss how things are and what we can change if we need to" and "I'm happy working here. Supporting people is our priority. It doesn't feel like I'm working in a care home. It feels like it's the person's home. "

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Regular maintenance was undertaken to ensure the property remained fit for purpose. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified. Environmental risk assessments such as fire risk assessments were completed. Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. The service had appropriate arrangements in place for managing emergencies such as fire. There were arrangements in place for staff to contact management out of hours should they require support.

The service had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

Providers are required by law, to display their CQC rating to inform the public on how they are performing.

The latest CQC rating was displayed in the service and these details were also on the provider's website.

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 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 who used the service did not always have up to date information and guidance in place to ensure staff were responsive to their needs.