Mrs Vicki Ann Fowler

Caring Hands (Wiltshire)

Inspection report

Battle Lake Farm
Braydon
Swindon
Wiltshire
SN5 0AA

Tel: 01793772777

Date of inspection visit:
15 February 2018

Date of publication:
16 March 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Caring Hands (Wiltshire) is a small care home for up to seven people. At the time of our inspection five people were resident at the service. 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.

The registered provider is an individual who is in day to day charge of the home and was present throughout the inspection. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

Staff demonstrated a good understanding of how to protect people from avoidable harm and abuse. Care plans contained risk assessments and in the majority of cases when risks were identified, the plans informed staff how to reduce them. People said they felt safe living at the service.

People's needs were assessed and regularly reviewed. Staff were well trained and said they felt supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People spoke highly of the staff. We saw and heard many positive interactions between staff and people.

Care plans were personalised. People had access to a range of activities.

There was an open positive culture and the vision and values of the service were embedded. People spoke highly of the provider. Quality assurance was monitored; however, there was limited documentary evidence of this.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Caring Hands (Wiltshire)

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 was a comprehensive inspection which took place on 15 February 2018. The inspection was unannounced.

The inspection was completed by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send us.

During the visit we spoke with three people who use the service, one member of care staff, the deputy in charge and the registered provider. We spent time observing the way staff interacted with people and looked at records relating to the support and decision making for five people. We also looked at records about the management of the service and four staff files.

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Good

Is the service safe?

Our findings

People said they felt safe. Comments included "Yes, I feel safe living here" and "I feel safe."

Staff had been trained on how to protect people from avoidable harm and abuse. Staff knew how to recognise signs of abuse and knew how to report any concerns. One member of staff said "I would always report anything, such as unexplained bruising."

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them 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.

Care plans contained risk assessments for all areas of care and support. When risks were identified the plans guided staff on how to reduce the risks. When people had been assessed as being at risk of falling, the plans included how staff should support people to maintain their independence whilst also keeping them safe. For example, encouraging people to use the grab rails throughout the home when walking, rather than holding onto furniture. The service had recently introduced risk assessments for skin integrity. People using the service had been assessed for the risk of developing pressure sores.

There was sufficient numbers of staff on duty to meet people's needs. There were two staff on duty during the inspection and staff said there was often a support worker as well. The registered provider lived on site and was always available. People using the service said "Yes, there's enough [staff]." One person said "They sometimes seem a bit short at night, although they always answer quickly when you press the buzzer." The provider said there was one member of staff on duty overnight, with another member of staff on call, and on site, if needed.

Medicines were managed safely. Medicine Administration Records (MARs) had been completed in full which indicated people received their medicines on time and as prescribed. People confirmed they received their medicines on time. Medicines were stored securely. Some people had been prescribed additional medicines on an as required (PRN) basis. However, there was no information to guide staff on when and why people might need these. For example, one person had been prescribed a medicine for agitation. The MAR instructions were limited to "when required." There was no information in the person's care plan as to the signs they might display when agitated, or any detail on the steps staff should take to relieve this before resorting to the use of medication. The provider's medication policy stated "a specific plan for administering when required medication must be documented in the medication care records." This meant the provider's policy was not being followed. We discussed this with the provider during the inspection and they said they would address this immediately. Following the inspection an example was sent to us by the provider.

People were protected by the prevention and control of infection. Staff had received training and there was

personal protective equipment available such as gloves and aprons. The building smelt clean and fresh and was visibly clean. One person said "Oh yes, it's ever so clean here."

Incidents and accidents were appropriately reported. Actions taken following any accidents were documented. The deputy in charge said they were planning to implement a system to analyse incidents during the coming year.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, legionella tests, regular fire alarm testing and drills were carried out.

Good

Is the service effective?

Our findings

People's needs and choices were assessed. The outcome of these assessments formed the basis of care plans. People's needs had been regularly reviewed and care plans reflected this.

Staff had the skills and experience to deliver effective care and support. Records showed staff had received all mandatory and refresher training. Staff spoke highly of the training they received. They said "The training is brilliant. It's all done here; it's hands on and practical" and "All our training is face to face rather than on-line. It's much better for us because we can talk things through and we get tested on the day."

People were supported to have enough to eat and drink. People's preferences in relation to what they liked to eat and drink had been recorded. People had access to drinks and snacks throughout the day. We regularly heard staff asking people if they would like a drink. People said they enjoyed the food. They said "The food is good. It's not too fancy which is what I like", and "The food is very good. Anything you don't like you only have to say."

When people had been assessed as needing support with meals, this was clearly documented in their care plans. For example, one person had a visual impairment and the plan detailed exactly where staff should place the person's cutlery during meals. People's weight was monitored. When required, specialist support and advice was sought. One person was having their food and fluid intake monitored. Although the charts had been completed in full, there was no recommended daily fluid intake recorded on either the chart or in the person's care plan. Additionally, the total fluid intake for the day had not been recorded. On some days the person had not drank much, but there was nothing documented in the daily records to indicate that staff had identified this. The provider said this person often had days where they did not drink much and then days when they did. However this was not documented in the care plan. We recommend that the provider reviews the fluid charts to include targets and the total daily amount of fluid consumed.

People were supported to have access to ongoing healthcare. Records showed that people were supported to attend GP appointments, and on the day of our inspection a staff member took one person to an appointment. People had also been seen by the chiropodist, the dentist, the physiotherapist, an occupational therapist and the speech and language therapist (SALT). One person said "I seldom need to see the doctor, but if I'm not well the staff call them."

People had their own bedrooms and were able to bring things from their previous home, to make the environment more familiar to them. The service was part of a working farm and there were outdoor spaces for people to enjoy. People had access to a range of activities and were actively encouraged to maintain links with the local community. On the day or our inspection, some people went to a luncheon club with staff. People said "It makes a nice change to get out" and "I go to luncheon club every week. It's nice to meet and chat with people." People told us about exercise classes that were run at the service, which people from the luncheon club were also invited to attend. A member of staff said "We don't just sit and play bingo. We take people out, go for a coffee, and go to the pub. We've taken people on holiday too."

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and demonstrated a basic knowledge of how to apply the principles. Mental capacity assessments had been completed to assess people's capacity to consent to aspects of their care. However, when people had capacity to consent, best interest decisions had been made unnecessarily. We discussed this with the provider who said they had already arranged refresher training for themselves and staff, to ensure their understanding of the MCA improved.

Good

Is the service caring?

Our findings

The atmosphere within the service was calm, relaxed and friendly. People appeared content around staff. We saw people encouraged staff to sit with them and chat; which the staff did.

People were treated with kindness and respect. Throughout the inspection we observed staff engaging in meaningful conversation with people. At one point two people were watching the winter Olympics on the television. The staff member asked people if they were enjoying it and what they thought of what the athletes were doing. They checked that people were happy to continue watching and did not want the channel changed.

People were able to express their views and be actively involved in making decisions about their care and support. The provider undertook regular "Client feedback" checks. The feedback forms we looked at showed that people had responded positively. For example, to the question "Do we get the food you request?" one person had responded "Yes, my bananas, blueberries and seeded batch bread." People said they were regularly asked for feedback about their care. One said "I'm content here. I'm quite happy."

People were treated with dignity and respect. Staff knocked on bedroom doors and waited to be invited in before entering. One person said "My privacy is respected. They always knock on the door and they always treat me with respect." Another said "I would say staff do respect my dignity."

We observed staff respond swiftly when one person came out of their room and appeared disoriented. The staff member approached the person asking if they were ok, and could they help. When the person said they were looking for the bathroom, the staff member gently reminded them there was one in their bedroom. They did this discreetly and assisted the person back to their room.

People spoke highly of the staff. They said "The staff here are very helpful and very kind"; "It's alright living here. The staff are very kind" and "The staff here are first class. They look after us very well. [Name of provider] is very particular about the quality of staff that work here."

Staff spoke positively about their roles. One said "I think the care here is outstanding. We really go the extra mile for people and because we're small we can be flexible" and "We're here to promote independence not take it away."

Good

Is the service responsive?

Our findings

Care plans were person centred and contained details about people's choices and preferences in relation to how they wanted to be supported. Life stories had been documented which meant staff were able to learn about people's lives prior to moving to the service.

Plans in relation to specific care needs were detailed. For example, some people had sensory loss. Their care plans were clear and informed staff how best to support each person whilst also maximising their independence. Staff we spoke with knew people well and understood their needs. One staff member described in detail what the service was doing for one person with a sensory loss. We observed them reinforcing this with the person.

There was a complaints procedure in place. A comments and compliments book was also available in the reception area where people and visitors could write their comments. No complaints had been received in the past 12 months. Many compliments had been received. Examples of these included "I can't thank the staff enough for the marvellous care. It's more like a luxury hotel. All the staff were caring and very attentive", "The surroundings are beautiful, a lovely outlook" and "My relative's stay with you made him feel safe and contented and able to smile again."

Systems were in place to enable people to have a comfortable death. Advanced care plans were in place. These were particularly detailed and described people's wishes for where they wanted to die and whether they wanted to be admitted to hospital in an emergency. There were other personal details such as the music they wanted on, and whether they wanted a member of the church to attend. The service had links with the local hospice to ensure they provided end of life care in line with best practise. The provider told us they had a suite available for visitors to stay overnight if they wished to, which meant families of people who were dying were also supported. The service had received positive feedback from relatives about the end of life care. An example of this was "The end of life care was amazing. Mum was kept clean, comfy and dignified."

Good

Is the service well-led?

Our findings

The registered provider was an individual who was in day to day charge of the service and lived on the premises. The provider had clear values about the way care should be provided and the service people should receive. Staff were aware of these values and they were embedded within the service. One staff member said "The vision here was to create something totally different from other care homes; to promote independence and to actually spend time with people."

The provider had systems in place to monitor the quality of the service and to identify improvements. Some of these were formal, such as the client feedback process. Others were more informal. For example, no written audits were carried out to monitor the effectiveness of medicines management or care planning. The provider said they did this visually and if issues were noted, they informed staff verbally of required improvements. We recommend the provider consider documenting these in order to provide a clear audit trail of quality assurance and improvements.

Staff felt supported and valued by the provider. They said "Everyone brings something different to the team here, but we're all listened to" and "I can go the provider about anything and I know she'll listen to me. I feel valued and supported."

People said they could approach the provider if they needed to. The provider was a visible presence throughout the inspection. We saw they took time to speak to people individually and sat with some people while they watched television. One person said "She [the provider] is very good. Definitely approachable."

The service worked closely with local services to enable people to participate in the local community. People said they enjoyed having the opportunity to attend the weekly luncheon club and people from the club were invited to attend exercise classes at the service.

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.