The Brandon Trust

Wraxall Road Nursing 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 was carried out on the 25 and 26 November 2015. Wraxall Road provides accommodation, nursing and personal care for fourteen people. People who live at the home have learning and physical disabilities. There were fourteen people accommodated at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

There was a registered manager in post. They commenced in post in April 2015 and they were supporting a new manager. The new manager was planning to make an application in December 2015 when they were leaving. 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.

Summary of findings

Many of the people living in Wraxall Road had a profound physical disability and therefore did not communicate verbally. In order to understand their experiences we observed staff interactions with people over the course of our inspection. Staff were caring and attentive to people.

Some improvements were required to the environment to ensure it was safe and meeting the needs of people. Areas were cluttered with equipment no longer in use, staff possessions and paint tins from a bedroom that had been decorated the week before. Some areas of the home needed to be redecorated and two shower rooms were not fit for purpose as the majority of people were unable to use these areas due to their physical disability.

People had access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was generally positive in respect of the staff's approach to people and delivery of care. However, some professionals had told us that not all their advice and recommendations were followed or shared with the team.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

Sufficient numbers of staff supported the people living at the service. There were 11.6 staff vacancies and these were being covered by regular bank, or agency staff. Arrangements were in place to recruit new staff including recruitment fairs and advertisement in the local area. To ensure some continuity agency staff were being block booked. Staff had received sufficient training to enable them to support people effectively.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review. Care was effective and responsive to people's changing needs. Staff used different forms of communication to enable them to build relationships with people. This was important as many of the people used non-verbal communication to express how they were feeling. People were supported to maintain contact with friends and family and take part in activities both in the home and the local community. Staff could improve on the recording of the activities that people take part in.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. The registered manager had submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation.

The service was well led and an action plan was in place to continue to drive improvement ensuring people had a personalised service.

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

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.

People were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to any abuse. Staff were trained in how to follow the procedures.

People were cared for in a safe environment that was clean and regularly maintained. People were supported taking into account any risks ensuring their safety. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs. On going recruitment was being completed to fill the staff vacancies. Recruitment checks ensured staff were suitable to work at the service.

Is the service effective?

Requires improvement

Some improvements were required to ensure the premises were fit for purpose enabling people to access a shower if they preferred. Not all of the areas of the home were decorated to a reasonable standard. Some areas of the home were cluttered with inappropriate household items and staff possessions.

People were encouraged and made day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon.

People were supported by staff who knew them well and had received the appropriate training.

Is the service caring?

Good

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach. They had a good understanding of how each person communicated their wishes and emotions.

Staff knew people well and were able to tell us how people liked to receive their care. This included interpreting people's body language when they were not happy so they care could be adjusted.

Summary of findings

Is the service responsive?

Requires improvement 

Some improvements were required to ensure the service was responsive. This was because not all recommendations by professionals were followed and implemented.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans described how people should be supported with their daily routines. These had been kept under review.

People were able to keep in contact with friends and family. Where complaints had been made these were listened to and addressed.

Is the service well-led?

Good 

The service was well led.

The staff, the registered manager and the new manager worked together as a team. There was a planned handover between the registered and the new manager who will be responsible for the service. The staff team were well supported by the management of the service. They were clear on their roles, the aims and objectives of the service and supported people in an individualised way.

The quality of the service was regularly reviewed by the provider/registered manager and staff. The managers were aware of the areas that required improvement with a robust action plan in place.

Wraxall Road Nursing 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 was an unannounced inspection which was completed on 25 and 26 November 2015. The inspection was completed by one inspector and an inspection manager. The previous inspection was completed in September 2014 this was a focussed inspection following up on previous breaches found in April 2014. We found the provider had taken action to address those breaches of regulations.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted six health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team, the district nurse team and a commissioner of the service. A commissioner is a public organisation that funds the care of people.

During the inspection we looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with five staff, the registered manager and the new manager of the service. We spent time observing and speaking with people living at Wraxall Road. Records relating to the recruitment of staff was held at the main Brandon office so we were unable to check on this occasion.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Most of the people were unable to tell us about their experience of the care they received. However, people that were able to tell us confirmed they liked living in Wraxall Road. Both people were able to tell us about the relationships they had built with staff, naming particular staff they liked. We saw people were relaxed and responded positively when approached by staff. This demonstrated people felt secure in their surroundings.

We observed that staff were busy supporting people throughout the inspection. People required support with everyday living skills such as personal care and eating and drinking. The home was split into two areas, Allen House and School House. Staff worked in a designated area. There was always three staff working throughout the day and evening in both Allen House and School House. The home was staffed with a registered nurse at all times. At night there were two waking night staff and a registered nurse providing the sleep in cover. They were contactable in the event of an emergency. Additional staff were rostered to enable people to go out or attend hospital appointments. On the day of the inspection two additional staff were supporting two people to go Christmas shopping.

Whilst there were sufficient staff supporting people living at Wraxall Road. The registered manager and the new manager told us there were 10 home support worker and 1.6 registered nurse vacancies. They told us they were actively trying to recruit to these posts which included local events and advertisement and working with the Trust's HR department. The shortfall in staffing was being covered by regular agency and bank staff. Two agency staff confirmed they regularly worked in the home and had received a thorough induction to enable them to support people safely. A member of staff confirmed they were often working with agency and bank staff that were familiar to the home. The registered manager was aware how this could affect staff morale and the consistent approach given to people and this was regularly monitored.

After the inspection we received information on how the service calculates the staffing for the home ensuring there were sufficient staff to support people's individual needs. This was kept under review. The new manager told us they were advertising for a cook. This would enable staff to concentrate on the care of people rather than spending time in the kitchen preparing meals.

The registered manager and the new manager were able to describe the process that new staff underwent to ensure a thorough and robust recruitment process was undertaken. Records relating to recruitment were held at the main office at Brandon Trust. They told us staff would not commence in post until all their checks had been completed such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The registered manager told us they received an email from the HR department once all the documentation was in place confirming new staff were able to commence in post.

Staff confirmed it was a very busy home due to the complex needs of the people they were supporting. The majority of the people required two staff to support them with their personal care. This was to ensure their safety when using moving and handling equipment. Clear plans of care were in place for each person on the use of any specialist equipment in respect of moving and handling. Advice had been taking from other health professionals in respect of safe moving and handling and any specialist equipment required. A visiting professional commended a member of staff on being proactive in making sure the appropriate equipment was in place to safely support a person with bathing when they first moved to the home.

Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to external contractors that serviced the equipment. Staff had received moving and handling training and their competence was observed annually. There was overhead tracking in each person's bedroom enabling them to be safely assisted from their bed to their wheelchair. Each person had their own sling which had been assessed specifically for them. Care plans included photographs of the person's sling with an explanation on how it was to be used safely.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager.

Over the last twelve months there had been eight medication errors. The registered manager and the nurses had reviewed the system to look for any themes. As a result of the review a new pharmacist was now providing

Good

Is the service safe?

medicines. In addition staff told us that medicines were now checked by a second member of staff, which has assisted in ensuring people received their medicines at the correct time.

A nurse told us they had also updated all the documentation in relation to the safe administration of medicines as part of this process. Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for when a person was experiencing a seizure. This included what staff should monitor in respect of when and how these medicines were to be given.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. These covered all aspects of daily living. Risk assessments included the action staff must take to keep people safe. These had been kept under review and other professionals such as occupational and physiotherapists had been involved in advising on safe practices and equipment required.

Staff described their responsibilities in reporting any concerns they may have to the nurse in charge and the registered manager about the well-being of people. They told us, safeguarding adults was a regular topic discussed in their one to one supervisions with their line manager and at team meetings. Staff confirmed they had received safeguarding training.

The registered manager and the new manager were aware of their responsibilities to report to us and the local safeguarding team about any allegations of abuse. Where concerns had been reported the registered manager and Brandon Trust had done the right thing to safeguard people. This had included making sure there was clear guidance in care files for people on how they wanted to be supported, daily body charts to record any bruises and a one page profile on each person in respect of what was important for the person to stay healthy and risk free. This meant that new and unfamiliar staff such as bank and agency could access information quickly.

Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. Maintenance was carried out promptly when required.

The home was clean and free from odour. Housekeeping staff were employed to assist with the cleaning of the home. Staff were observed washing their hands at frequent intervals and using the hand gel provided. Staff were aware that the hand gel was not a replacement for washing their hands with soap and water. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. We saw that two dining room chairs were heavily soiled with food which staff promptly removed and cleaned.

Requires improvement

Is the service effective?

Our findings

Two people told us they liked the staff that supported them. Relatives told us they were very satisfied with the care and support that was given to their relative. They told us the staff kept them informed of the general well-being of their relative and any health care appointments or hospital admissions.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Feedback from a visiting health professional confirmed the standard of care was good and people were receiving care that was effective in meeting their health care needs. Due to the complex needs of the people the GP completed home visits rather than people attending the surgery.

Tissue viability nurses had been involved and pressure relieving equipment was in place for those people that were at risk of pressure wounds. Where people were at risk of pressure wounds care plans were in place to reduce any risks. Staff knew what they had to do to maintain good skin integrity. We saw wounds were photographed, traced and measured where a person had a hospital acquired pressure wound. This enabled the nursing staff to review and monitor the healing process and ensure that the treatment was appropriate. It was evident the staff were being proactive in liaising with other health professionals to make sure the person was receiving appropriate treatment and remained comfortable.

Some people had complex epilepsy. Plans of care were in place describing the action staff need to support the person and what records needed to be maintained. A visiting health professional had confirmed they were assisting the staff in updating some of the epilepsy protocols so that hospital admissions could be avoided. They confirmed they were liaising with a named nurse in the home who had taken on the lead for epilepsy. They told us they had found the staff approachable and knowledgeable about the people they supported and responsive to any suggestions made. Staff had received training on supporting people with epilepsy.

A visiting relative commended the staff in supporting their relative whilst they were in hospital. This included liaising with health professionals and advocating on behalf of the person. The relative told us, “I was relieved when (name of the person) returned home, you cannot fault the staff and their ability to support X, they are all really good”. The relative said the staff had kept them updated about any health concerns and the planned treatment.

Staff prepared the meals for people living at Wraxall Road. There was a three week rotational menu. Staff prepared two different meals, one in Allen House and the other in School House. This was to enable people some choice. Staff told us how they made fruit smoothies and tried to offer people a varied diet.

Staff recorded people's fluid and food intake daily. This was because people were unable to verbally tell staff, what they had eaten, when they were unwell or they had lost their appetite. This was an important indication of a person potentially feeling unwell. We saw that some people had eaten similar lunchtime meals for the last three days for example soup or sandwiches. There was no other information so it was difficult to ascertain the flavour or if they were having a varied diet. Staff told us often the planned menu had to be altered as the ingredients were not available. We also noted people’s fluids were not totalled during the course of the day to enable staff to rectify any shortfall.

We discussed this with the new manager who said they had organised training for two staff on making blended food interesting. The two staff would then cascade the learning to the team. The new manager had recently purchased two new cookbooks about food that could be blended to try and inspire the staff. They were also looking to recruit a cook who would take an active role in the menu planning and food preparation. It was evident they were aware that this was an area the service needed to improve.

Everybody living at the home had been assessed by a speech and language therapist (SALT) and had been reviewed when necessary. Staff told us, and records confirmed that the majority of people had issues with swallowing and most people needed their food pureed. Some people required their diet through a percutaneous endoscopic gastrostomy (PEG). PEG feeding is a means of delivering nutrition through a tube into the stomach. There

Is the service effective?

were plans of care in place for each person drawn up by a dietician with clear records of how this was being delivered. Staff had received training in providing people's nutrition in this way.

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

We checked whether the service was working within the principles of the MCA. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day to day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals had been involved with best interest meetings being held. The registered manager and the staff had recorded these decisions that had been made in a person's best interest. For example why it was important for people to have their medicines and the support they required, any medical interventions and any planned financial expenditure such as holidays. It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. Care records included information about how a person expressed if they were unhappy or did not want to participate in an activity through the interpretation of the person's body language. This enabled staff to interpret whether people were consenting to their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Care plan documentation included information about any authorisations and the restrictions that may be in place. For example most people required the use of wheelchairs straps or bedsides to ensure their safety. These restrictions were clearly recorded on the reasons why they were being used and showed other professionals had been involved in the decision process. People living at Wraxall Road required staff to support them when out in the community and constant supervision when in the home to ensure their safety. Applications had been made for everyone living at Wraxall Road and they were waiting for three people to be assessed.

New staff members were subject to a probationary period at the end of which their competence and suitable for the work was assessed. A staff member told us they were being well supported through their probationary period and was in the process of completing a programme of training which was preparing them for the role. They confirmed training was planned for them on a variety of subjects including the values of Brandon Trust.

Bank and agency staff received a short induction when they started working in the home. This ensured they were aware of the needs of the people living in the home and policies they may require in the event of an emergency. Agency staff confirmed they had received an induction and told us about the small pocket size passports which contained valuable information about people. This acted as a quick guide when they were working about keeping people safe enabling them to provide effective care that was responsive to their care needs.

Staff had been trained to meet people's care and support needs. The new manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, first aid, food hygiene, fire safety with some staff receiving training in specialist areas such as caring for people with complex epilepsy, physical disabilities and supporting people with eating and drinking. Staff confirmed their attendance at training sessions and said some training was delivered electronically. Brandon Trust's training department worked closely with the registered manager to ensure all staff had attended appropriate training.

Staff received regular individual supervisions with either the registered manager, the new manager or the nurses enabling them to discuss their performance and training needs. Annual appraisals were completed with each member of staff. This enabled the registered manager to plan training needs for individual staff members. The new manager said these were being completed presently with a plan for completion by the 20 December 2015.

Requires improvement

Is the service effective?

Wraxall Road was purpose build to accommodate people with physical disabilities. The service was split into two areas, Allen House and School House. There were separate entrances to each property with a connecting corridor in the centre where the laundry and main office was situated. Each house had access to a kitchen, bathrooms and a lounge. Each person had their own bedroom. These had been personalised to suit the known preferences of the person. Bathrooms were specially equipped to support people with a physical disability.

Some areas of the home would benefit from redecoration; paint was chipped in communal areas and corridors. The new manager showed us they had requested these areas to be redecorated and was waiting confirmation from Brandon Trust that the planned works could be undertaken. We also saw two radiator covers that were not secured safely to the wall.

We found that the registered person had not ensured the premises were decorated and maintained to an appropriate standard. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and Equipment.

A healthcare professional had recommended in March 2015 a shower room be refurbished to enable people to use this area safely. This was because there was a step up into the shower and staff had to lean over the enclosure to assist people. The health care professional stated that this would enable more choice for people on whether they wanted a shower or a bath. Staff told us only one person used the shower. This was because it was not safe for other people. The registered manager and the new manager confirmed that the property landlord had agreed for the two shower rooms in Allen House and School House to be turned into wet rooms. There was no confirmed date of the refurbishment although the new manager told us this would be completed by March 2016. This delay meant that people could not be given a choice on whether they would prefer a bath or shower and putting staff at risk of poor moving and handling due to leaning over the shower enclosure.

Two of the bathrooms were being used as storage and were not accessible to people in the home. Many of the areas in the home such as the lounges and kitchens were cluttered with items that should not have been there. For example in the lounge areas there were garden parasols, paint from a bedroom that had been painted the week before the inspection and in the kitchen/dining area an old medicine cabinet, staff possessions and general clutter. Many of the people relied on their environment for stimulation and were unable to move from these areas that were cluttered due to their physical disabilities. This was discussed with the registered manager and the new manager and by the second day of the inspection some of the items were removed.

The home had a sensory room known as a 'snoozlem'. The purpose of this room was to provide a relaxing space where people could enjoy sensory experiences. When we looked into this room it was being used as a store room. It was evident that people no longer had access to this facility. The new manager told us this was being addressed enabling people to access this area.

We found that the registered person had not ensured the premises were free from clutter, and the shower facilities were not suitable for the people accommodated. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and Equipment.

Good

Is the service caring?

Our findings

A relative told us they were very satisfied with the care and support shown to their relative. They told us, "The staff are exceptional, they really do care about people, and they are all kind and patient".

We asked staff whether they thought the support provided within the home was caring. Staff told us they thought it was. One member of staff told us, "I have been working here for the past two years on the agency and all the staff show people the upmost respect, the staff do care about each person". They told us they would not want to work in a place where this was not so. The registered manager and the new manager commended the team on their commitment to providing care that put people at the heart and their abilities to advocate for people.

Staff were aware of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. The staff members were patient and waited for the person to respond either verbally or by interpreting a person's body language. A person communicated non-verbally to staff that they did not want to sit in the dining area. The member of staff assisted the person to another room until it was clear they wanted to spend time in their bedroom. Staff were seen frequently checking the person was happy and letting other staff know where the person was.

Staff were heard talking to people explaining what was happening next. Staff described to us, how they knew when a person was unhappy or did not want to participate in an activity enabling them to respond appropriately to the person. Care plans included information on how people communicated enabling staff to respond appropriately.

People were generally well supported over the lunchtime period. Staff were engaged with people explaining what they were eating and staff were patient taking the time to ensure it was at the pace of the individual. Protective aprons were offered to people before they commenced their meal. After the meal people were supported to change where required. We did observe one staff assisting a person who did not consistently explain and as a consequence the person was not ready for their food.

One person was struggling to eat their breakfast and staff sat with them patiently supporting them. However at lunch time this person was more alert and staff encouraged them to be independent. This showed that staff knew when a person required support whilst encouraging them to maintain their independence. This person's care plan stated they were not a morning person and they liked to remain in bed and not get up early. Again this person was being supported late morning. This showed staff were following the wishes of the person.

Most of the people needed support with all aspects of daily living due to their learning and physical disability. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's bedroom. This ensured that people's privacy and dignity were maintained. People were able to spend time in their bedrooms. Staff understood it was important for people to have a change of scenery. One person was situated by a window overlooking the garden. The member of staff pulled the net curtains to enable the person to have a better view and had a discussion on what they could see.

Each person had an identified key worker, a named member of staff and a care co-ordinator, a named qualified nurse. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. Staff confirmed their responsibilities in relation to the key worker role and how it enabled them to build closer relationships with people as they could spend more time with them. Key workers were assisting people to go Christmas shopping. This enabled the staff to be engaged in an activity with the person and to spend some quality one to one time outside of the home.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. A relative confirmed they could visit whenever they wanted and were made to feel welcome. Staff told us how they were supporting one person to meet with their relatives at a local Christmas attraction for a meal out. Staff told us sometimes it is difficult for relatives to take relative out due to the specialist equipment people required.

Good

Is the service caring?

We saw there were no end of life plans for some people in respect of how and where they would like to be supported in the event their health should deteriorate. A member of staff confirmed they were liaising with relatives in respect of gaining their views enabling them to devise support plan plans for people. Staff confirmed that it was not easy to gain the views and wishes of people they were supporting on this specific area due to many of the people using non-verbal communication. Some staff had completed training on supporting people with end of life care.

Staff confirmed they would seek advice from other professionals including district nurses, palliative care specialists and the person's GP to ensure appropriate equipment was in place. This included any pain relief to ensure the person was comfortable and pain free.

Requires improvement

Is the service responsive?

Our findings

Three health care professionals told us often when they gave advice to staff or made recommendations these were not always followed and shared with the team. A healthcare professional told us prior to the inspection they had made a recommendation for a person living with dementia to have a memory book as an aid memoir. They told us they had spent time with the person developing the memory book and developed a list of activities that may be useful for the person. When we checked to see if this was being used to support the person, some staff were unaware of the memory book. There was no mention in the person's care plan and staff could not locate the memory book. Another professional told us they had seen that some behavioural monitoring records that did not contain sufficient information. Another professional had made suggestions on activities for a person and they could see little evidence that their suggestions were implemented. The registered manager provided reassurance they would locate the memory book and ensure this was available for the person.

The registered manager and the new manager had reviewed care plans and information from visiting professionals to ensure that any advice had been incorporated into the care plan. They were also checking with staff they were providing the care in accordance with the care plan. As part of this they had developed a pocket size passport on each person that staff could use to remind them about important information relating to their care. This included people's support in relation to the support their required with eating and drinking, personal care and any medical condition that may affect the person. Staff confirmed this was a useful tool enabling them to support people consistently especially when they were new to the home.

People's needs were assessed prior to them moving to Wraxall Road. We looked at the care records for a person who had recently moved to the home. It was evident that the staff had liaised with hospital staff, the person's previous placement and the social worker. There was no formal assessment tool used for this person. The staff member told us they were not aware that Brandon Trust had an assessment tool to record information so this had been done less formally. Whilst it was clear the staff had the interests of the person and understood their support needs they should have used the Brandon Trust's formal admission assessment. The new manager was able to locate this and told us this would be used for any new admissions.

Care, treatment and support plans were seen as fundamental to providing good person centred care. They were thorough and reflected people's needs, daily routines, choices and preferences. People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Some people had a grab bag containing the information and items they may require should they be admitted into hospital as an emergency.

The registered manager and the new manager were planning for everyone living in home to have a person centred plan that was facilitated by an external member of staff and an advocate. The facilitator would work closely with the person, their representatives and staff working in the home to look at the aspirations and wishes of each person. They would then devise a plan on how the person wanted to be supported ensuring Wraxall Road was an appropriate place to live. The registered manager told us that they may outsource this as they were concerned that there had been a delay in planning this with the person centred facilitators that worked for Brandon Trust. There are organisations that support people with learning disabilities to develop their own care pathway using facilitators and advocacy services.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. This enabled staff to plan the shift ensuring people were allocated staff to support them throughout the day and to keep them up to date with any changes.

Requires improvement

Is the service responsive?

People were being supported on a regular basis to go out in the community and participate in meaningful activities. Activities included meals out, shopping trips, trips to the theatre, walks and hydrotherapy. Some people attended community social groups including movability and a group called the 'golden oldies'. In addition activities were organised in the home including cooking, aromatherapy and relaxation and the use of sensory equipment that people had in their bedrooms. Staff told us an entertainer visited the home every four to six weeks which many of the people seemed to enjoy this. People were being supported to participate in Christmas activities, including meals out, shopping trips and pantomimes. There were two specialist vehicles to enable the staff to support people who use wheelchairs to access the community.

Some people had additional funding for one to one support in the community. Records were maintained of these hours to ensure people were receiving these. Day care workers employed by the Trust supported some people with activities on a weekly basis. One person told us they were going to the farm to see the pigs and have cake. Staff confirmed the person enjoyed this activity and the time they spent with the day care worker.

Staff told us people were supported to have an annual holiday. All but one of the people living at Wraxall Road had been supported to go on holiday. Holidays were planned taking into consideration what the person was interested in. For example one person liked an animal attraction in Wales, to enable the person to fully enjoy the experience; accommodation was sought close to the attraction. This was because the person could become very tired and staff wanted the person to gain the best experience from their holiday and reduce travel time to maximise the time at the attraction. Staff spoke about their commitment to ensure people had a holiday. They said it was a really good opportunity to really get to know the people they were supporting because they were living together over a four/ five day period.

Staff completed daily records on how they were supporting people including what activities they had taken part in. The new manager recognised that this was an area for improvement. For example we saw a member of staff manicure a person's nails and another member of staff organising a sing along with a small group of people, and another member of staff sat reading to a group of people. It was evident people were enjoying these activities. When we checked on the second day none of these activities were captured in the daily records.

Key workers completed a monthly summary. This had been introduced since our last inspection. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. This information was used to the monitor the care provided.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in easy read format. There had been one complaint in the last 12 months. This had been fully investigated and appropriate action taken to address the concern. This included liaising with the local safeguarding authority and the person's family in respect of the concerns.

Staff had also raised some concerns about the effects of a person's behaviour on another. Staff told us how they tried to manage this by enabling the person to sit in a quieter part of the home as they did not particular like noise. Staff were observed offering people to move around their home. Most of the people required staff support in this area and a small group of people were taking from Allen House to meet with people in School House and participate in a sing along with staff.

In addition, there was a compliment file. The service had received four compliments from relatives and an agency nurse. Relatives had thanked the staff for their dedication to support people living at Wraxall Road and their caring approach.

Good

Is the service well-led?

Our findings

The Brandon Trust had a clear management structure which included directors, heads of service and quality managers who were based at the Brandon Trust office. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. Senior managers from Brandon Trust regularly visited the service to check on the quality.

There was a clear management structure within the home. There was a new manager working in the service. They had been working in the home for the last three months working alongside the registered manager as part of their induction. The new manager told us they would be submitting an application to the Care Quality Commission in December 2015. The present registered manager had been working in the home since April 2015. They were planning to return to their previous role. Nurses, in the role of team leader, were deployed at Wraxall Road and provided 24 hour care They took the lead when the registered manager was not present.

The new manager was clear about their role and responsibilities. They had identified areas for improvement and had prioritized work that needed to be done to benefit the people living there.

The new manager and the staff were clear on the vision and values for the service which was to further enhance on the person centred care approach and provide a more inclusive environment for people. The new manager was actively trying to recruit to the vacant staff posts and ensure continuity for people. They told us block bookings were given to the agency to enable them to send regular and familiar staff.

Staff told us they felt supported by both managers and positive changes had been implemented to improve the quality of care to people. Staff were able to contact an on call system if managers were not available for advice and support.

The provider, the registered manager and the new manager carried out checks of the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits.

Regular staff meetings were taking place enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed. Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on care planning, medicine management and health and safety.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the organisation acknowledged these and put things right. For example, making sure people or their relatives had feedback about their complaints including an apology. The provider had also worked with the local safeguarding team to address any concerns and this included sharing action plans and progress. A relative told us they had been kept informed of a recent incident and assurances were given to them on what safeguards had been put in place.

The service had an improvement plan which they had been working through since April 2015. This included improving communication with staff, reinforcing safeguarding procedures, ensuring care plans were current and contained information to support people safely and building on the skills of the team. We had been kept informed of progress over the last six months. Staff were aware of the action plan and confirmed the progress that had been made. One member of staff said, "We have worked hard to make it better for people, it seems more organised now than before". The registered manager and the new manager had clearly kept staff informed of the improvements that were required. An agency nurse had commended the staff on their hard work, competence and professionalism. They had written, 'all the staff are caring and never patronising to the people they support'.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Accident and incident reports had been reviewed by the registered manager and the new manager to explore if there were any themes. Where there were themes such as

Good

Is the service well-led?

an increase in medicine errors appropriate action had been taken to reduce the risks to people. The service had been inspected in November 2015 by an external pharmacist. They confirmed the system was more robust with no recommendations made.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: The provider had failed to ensure all the areas of the home were clutter free and that bathing facilities were safe and fit for purpose. Regulation 12 (1) (2) (d) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: We found that the registered person had not ensured the premises were decorated and maintained to an appropriate standard. Regulation 15 (1) (e).