The White Horse Care Trust

Sarsen House

Inspection report

West Overton
Marlborough
Wiltshire
SN8 4ER

Tel: 01672861139

Date of inspection visit:
05 March 2019

Date of publication:
30 May 2019

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

About the service: Sarsen House is a residential home for adults with learning disabilities. It provides accommodation for up to six people. There were five people living there at the time of our inspection. Sarsen House is arranged over two floors with bedrooms upstairs and downstairs, shared bathrooms and a communal kitchen, lounge and dining area. The home had their own minibus for people to access the local community.

People's experience of using this service: The service was rated as requires improvement at the last inspection in December 2017. Protocols for 'as required' medicines were not detailed or person-centred and information on where to specifically apply creams was missing. Medicines audits identified these areas but did not detail the actions taken to rectify the errors. The principles of the Mental Capacity Act 2005 had not been consistently followed. At this inspection we found the necessary improvements had been made.

People were protected from the risk of abuse by staff who had been trained and knew how to report any concerns they had.

People had a variety of risk assessments which identified areas of risk and gave guidance to staff to minimise those risks.

People's medicines were managed and stored correctly.

People were supported by staff who had regular one-to-one supervision from their manager and up-to-date training.

People's needs were assessed by a multi-disciplinary team of professionals to ensure the home could meet their complex needs. Care plans were updated and reviewed at regular intervals or when people's needs changed.

The staff were caring and Sarsen House had a family home atmosphere. Staff told us they enjoyed working there and found it rewarding to make a positive difference to the people they supported.

The management team had robust processes in place to monitor the quality of the service being provided which meant the service was well run.
Rating at last inspection: Requires Improvement, published January 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform when the next inspection should take place.

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 had improved to good in safe Details are in our Safe findings below.	Good
Is the service effective? The service had improved to good in effective Details are in our Effective findings below.	Good
Is the service caring? The service remained caring Details are in our Caring findings below.	Good
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service had improved to good in well-led Details are in our Well-Led findings below.	Good

Sarsen House

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who used this type of care service.

Service and service type:
Sarsen House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provide, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an announced inspection which meant the provider had short notice that we would be visiting. This was because people living at the home could become anxious when not prepared for visitors.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered manager 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 looked at notifications we had received for this service. Notifications are information about important event the service is required to send us by law.

We observed the interactions and behaviours of all five people who lived at Sarsen House. We looked at three people's care records. We also reviewed staff personnel documents, training and supervision records

and a range of records about how the service is run. We spoke with the registered manager, the deputy manager the area care manager and five members of the care team. Following the inspection, we received feedback from two professionals who visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
• Staff had received training in safeguarding practices and procedures and we saw the local authority safeguarding flowchart giving guidance to staff, on the office wall.
• The registered manager had appropriately notified the local authority and CQC of safeguarding incidents and had attended meetings to investigate and resolve concerns.

Assessing risk, safety monitoring and management
• We saw a variety of risk assessments for people which included areas such as choking, bath and shower temperatures, epileptic seizures and skin integrity. These contained guidance for staff to minimise those risks, and the assessments were regularly reviewed.
• People were protected from risks while being supported to maintain their independence. For example, one person's mobility risk assessment guided staff to ensure the person was wearing their personal safety equipment whilst mobilising using their frame.
• People had a 'missing person' information sheet detailing their communication method, appearance and a photograph. Personal emergency evacuation procedures were recorded and these detailed individual assistance and equipment required to evacuate the property.

Staffing and recruitment
• Staff were recruited safely. This included pre-employment and identity checks and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups of people.
• There were sufficient numbers of staff deployed to meet the needs of people. The service was almost fully staffed and used regular agency staff for consistency, when required for some shifts.
• There was a bank and agency staff file which included people's profiles - important information about people, risk assessments, on call procedures and critical information about the service. This enabled agency staff to have an overview of how best to support people to meet their needs safely.
• Staff had three handover's a day so were up to date with people's changing needs. The service was recruiting for a senior role to support the management team on every shift.

Using medicines safely
• At the last inspection in December 2017, we found medicines were not always managed safely. Protocols for medicines to be administered on an 'as and when required' basis (PRN) did not contain person centred information and there were no guidelines for the administration of creams.
• At this inspection we found improvements had been made and Medicines were administered, stored and

managed safely. People's medicine administration records were completed correctly.
• People had person centred medicines care plans showing how they preferred to take their medicines and any allergies.
• There were protocols in place for PRN medicines and homely remedies (such as cough linctus).
• Cream charts were in place to show where prescribed creams needed to be applied and body charts to show the rotation of medicine patches.
• A weekly audit check and spot checks on practice and record keeping were carried out by the deputy or registered manager, Where errors had been found, such as missed signatures, these were acted upon promptly and rectified.

Learning lessons when things go wrong
● When something went wrong, the registered manager responded appropriately and used the incidents as a learning opportunity for the staff team. Recently this had included missed signatures on people's medicines administration records. New processes were actioned such as refresher training and a more robust and regular medicines audit.

Preventing and controlling infection
• All areas of the home were fresh, clean, tidy and free from any malodours.
• Staff had training in infection control practices and we observed adequate amounts of personal protective equipment (disposable gloves and aprons), hand gels and paper towels.
• Where able, people were supported to clean their own rooms and communal areas and carry out ordinary household tasks such as emptying the bins and vacuuming.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• At the last inspection in December 2017, we found staff knowledge of the principles of the mental capacity act and related deprivation of liberty safeguards required greater understanding. At this inspection we found that improvements had been made.
● Where appropriate, mental capacity assessments had been robustly completed along with their corresponding best interest's decisions. In addition, where people had capacity to make their own decisions, this was also documented.
• The provider had made appropriate applications to the local authority for DoLS. One had been authorised and we saw that the conditions were being met. Reviews were carried out regularly to monitor the appropriateness of restrictions in place, such as independent access to the garden.
• People had appropriate representatives in place to help them with consent and decision making, such as Lasting Powers of Attorney for both Finance and Affairs and Health and Welfare.
• The staff we spoke with were knowledgeable about the Act and how to apply this in their work with people. This meant the provider was fully compliant in meeting the lawful requirements of the Mental Capacity Act (2005).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed by a multi-disciplinary team of professionals to ensure their needs were met appropriately. Care and support plans gave detailed guidance to staff on how to support people's needs. This included specialist advice from speech and language therapists, dieticians and learning disabilities nurses.

• Peoples individual preferences were recorded in care plans and staff told us people's likes and dislikes in detail.
• Care and support plans were regularly reviewed and updated when changes were identified.

Staff support: induction, training, skills and experience
• The White Horse Care Trust had a new comprehensive internet based training programme. This meant staff could easily access e-learning and the registered manager could monitor staff progress. This was used alongside face to face training. One staff member told us, "Training is amazing. They really support progression."
• Mandatory training included amongst others, safeguarding, medicines competency and person-centred working.
• Training was up to date and staff could undertake specialist training in areas of interests as well as being encouraged to increase their skills and qualifications.
• New staff had an induction and mentoring system until they were competent at working independently.
• Staff had regular supervision and 'job chats' to discuss progress, address concerns and identify learning needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to be involved in shopping, planning, preparing and cooking meals.
• Staff told us, "We sit and eat with the residents – always. We've got loads of stuff for pancake day. [Person] is dairy and gluten free, he has his own flours, cereals etc. The general shopping, we order online, they all help us to unpack it."
• We observed people being involved in the making of pancakes and readily eating and enjoying them.
• People were supported to drink enough and there were jugs of prepared juice on the table. One person was being assisted to drink with an adapted cup for swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to attend hospital and GP appointments.
• Everyone had a hospital passport detailing critical information about the person, to ensure they received appropriate care if admitted to hospital.
• When a person needed to stay in hospital the service ensured that a member of staff remained with them, for familiarity and continuity.
• We observed feedback from a health professional who highly commended the staff team for the preparation and time spent in ensuring a person's transfer to hospital went well. "The whole staff team on that day were exceptional. Information was extremely comprehensive very person centred and would have taken considerable time to put together."

Adapting service, design, decoration to meet people's needs
• Sarsen House was homely and people shared the communal spaces. However, one person was not able to access all areas of the home independently, due to internal steps. This person had access to one large communal area, their own room and the outside space.
• Individual rooms were personalised. However, names and room numbers were on stickers without personalised identification.
• Areas of the home required refurbishment, redecoration and updating. The provider had plans to improve the flooring and bathrooms areas from April 2019.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● People were acknowledged and greeted with friendly interactions. The home had a family home atmosphere and people appeared to be happy, relaxed and calm.

• We observed staff offered genuine warmth and interest in the people they were supporting. Staff told us, "It feels like a home, it's not like going to work. It's so rewarding, going home knowing I've made a difference hopefully. It's a shame you never hear good news of care homes, some of the wonderful work that is done" and "This is my first care job. I really, really enjoy it. The best bit is seeing someone come out of their shell, like [person] will get her own crayons out of the cupboard now, she wouldn't do that before, it's so rewarding."

Supporting people to express their views and be involved in making decisions about their care

● Where people were unable to communicate their needs and choices verbally, staff understood their way of communicating. Staff observed body language, eye contact, simple signs and gestures to interpret what people needed.

• We observed lots of listening, encouragement and very attentive support from staff towards people. For example, one person was very happy and excitable, repeatedly disturbing books that the staff member was trying to write in. They patiently stopped writing, temporarily placing the books to one side and focused all their attention to the person, returning to the books later.

• People had their life histories recorded which gave staff the opportunity to get to know the person. When talking with staff they demonstrated they knew people really well, their usual behaviours and routines and could identify if something was different.

Respecting and promoting people's privacy, dignity and independence

●When receiving hospital treatment or in-patient care, staff were timetabled to accompany the person at all times to provide emotional security and support.

• People had access to all parts of the home and freely moved around from room to room, acknowledged and greeted by staff.

• We observed that all staff spoke with people at eye level and took time to sit and chat.

• The lunchtime experience was positive, lightheaded and sociable. People and staff all ate together, some people required support but were gently encouraged to participate.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Staff knew people's likes dislikes and preferences. They used this knowledge to provide personalised support in the way people needed and wanted. Examples included, daily routines, behavioural routines and recognising emotional actions and gestures.
• We saw evidence in care plans of adapting and altering support when people's needs changed and accessing specialist's advice and support when required.
• Staff followed detailed guidance from professional advice, such as dietician recommendations around wheat and dairy free products for one person's diet.
• People have access to weekly activities both inside the home and out in the community. On the day of the inspection three people, with three staff were getting ready and looking forward to an arts and crafts club.
• A staff member told us, "We try to get [people] out into the community as much as possible. They generally don't like noisy environments. They do bowling, swimming, skittles, Gateway club. Normally it's a relaxed environment. Carers always stay with them during sessions." Another said, "[person] absolutely loved it today, it was fun, I enjoyed it too. I sit with him, we all sit together, it's all free, it's wonderful."
• People's communication needs were identified, recorded and highlighted in care plans and hospital passports. We observed evidence of identified communication methods being used. For example, a staff member told us "[person] uses little cards to communicate, she has a whole box here, it's how she communicates, it's useful for a timeline. We all wear communication cards around our neck to help her."

Improving care quality in response to complaints or concerns
● There was a complaints policy and process in place. This was available in different accessible formats such as pictorial and a DVD version for people using the service.
• No complaints had been received since the last inspection.
• Staff told us they regularly checked out that people were happy and knew how to say if they weren't. For example, during care plan reviews with their family or representatives.

End of life care and support
• No-one living at Sarsen House was receiving end of life care at the time of our inspection.
• Elements of people's preferred options regarding hospitalisation and care during illness were recorded, but these needed to be discussed in more detail with people and their representatives.
• The registered manager recognised that the recording of end of life care plans and people's last wishes was an area for development.
• People also required up to date treatment and escalation plans to be in place and the registered manager stated this would be discussed with people's families and GP.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:□The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● Managers and the staff team had a commitment to provide person centred high quality care by demonstrating their detailed knowledge of the people they supported.

• The registered manager was compliant with the regulations and fully understood and acted upon their duty of candour responsibility.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the services is run.

• There was a clear management structure in place and the service was well run. The area care manager supported the registered and deputy managers of the home. There were plans to recruit into a senior team lead role. The management structure meant there was oversight of all areas of the service, including health and safety, training and day to day operations. Staff spoke highly of the support they received from the management team. Comments included, "It's a good company, we get really supported", "I love my job, I've done it 9 years in total, they're so supportive" and "we can talk to [the registered manager] about anything."

• The White Horse Care Trust had devised new systems with several layers of checks and accountability to monitor the quality of care being provided. New keyworker roles had responsibility for auditing and reviewing care plans, the registered manager carried out monthly audits of the whole service. The registered and senior managers had access to the 'corrective preventative log' (CPL) where they monitored accidents and incidents, and all audits of the service. This meant areas which required action and improvement were identified accurately and quickly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The introduction of 'job chats', regular one to one supervision and team meetings meant staff had the opportunity to raise concerns, discuss work issues or provide new ideas. Action plans and lessons learnt were discussed during team meetings for shared learning.

• The service had a long-standing relationship with the village where they are situated. They attend local summer fetes, church events and local market shopping.

Continuous learning and improving care

• The registered manager had a vision for improvements both within the home environment and areas to improve in care planning and support.

• For example, decorating and updating the home; improving access around the home and into the garden. Re-designing the bathrooms to make more space for a person who required two staff members to support them.

• Care planning improvements identified were goal setting with achievable and recorded outcomes, end of life care planning and the completions of treatment and escalation plans. Care plans would be thoroughly updated and reviewed prior to the transfer to an electronic version.

Working in partnership with others

● The registered manager attended managers forums to share and learn from new knowledge and information in social care.

• The service recently worked very closely with the tissue viability nurses to provide specialised treatment and support for one person with complex needs. Preparation and personalised communication methods used meant the person experienced less anxiety during treatment. This aided the persons recovery.