

The White Horse Care Trust







Whistley Dene

Inspection report

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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?		Requires improvement	
Is the service well-led?		Good	

Overall summary

Whistley Dene provides accommodation for up to five people with a learning disability. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon. At the time of our inspection five people were living in the home.

The inspection took place on 4 July 2015. This was unannounced inspection. During our last inspection in October 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

A registered manager was employed by the service. 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.

The service was responsive to people's needs and wishes. However some information in care plans needed clarifying.

When asked if they liked living at Whistley Dene those people who were able said "Yes". Relatives spoke positively about the high standard of care and support

Summary of findings

their family member received. We observed staff interacting with people in a compassionate and friendly manner, involving people in choices around their daily living.

The registered manager responded to all safeguarding concerns. There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

Staff told us they felt supported. Staff received training and supervision to enable them to meet people's needs.

There were enough staff deployed to fully meet people's health and social care needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

People's medicines were managed appropriately so people received them safely.

People were supported to eat and drink enough. Where people were identified at being at risk of malnutrition referrals had been made to appropriate nutritional specialists.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections.

The registered manager and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interests had been undertaken by relevant professionals. This ensured the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, and Deprivation of Liberty Safeguards (DoLS).

There are systems in place to respond to any emergencies or untoward events. The registered manager and provider had systems in place to monitor the quality of service people received.

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?

The service was safe.

Relatives told us they felt their family member was safe whilst living at Whistley dene.

Staff had a good knowledge of safeguarding and were confident in reporting any concerns they had.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were care for by staff who had received appropriate training to meet their individual needs. There were arrangements in place to ensure staff received regular supervision, appraisal and training.

People received sufficient food and drink and their health needs were met.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

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

We observed staff were compassionate, attentive and respectful. Staff were genuinely interested people's well-being.

People were treated with dignity and kindness by staff and were supported to make choices.

Good



Is the service responsive?

The service was responsive.

The service was responsive to people's needs and wishes. However some information in care plans needed clarifying.

People had access to activities both within the home and their local community.

Staff spent time with people to make sure they received care that was responsive to their needs.

Relatives said they were able to speak with staff or the managers if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

Requires improvement



Summary of findings

Is the service well-led?

The service was well-led.

The service had a registered manager in post.

The registered manager had systems in place to regularly monitor the quality of the service.

Emergency plans were in place which included a 24 hour on-call system for staff to be able to seek management support.

Good



Whistley Dene

Detailed findings

Background to this inspection

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

This inspection took place on 4 July 2015 and was unannounced. One inspector carried out this inspection. During our last inspection in October 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

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

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with three people and three relatives about their views on the quality of the care and support being provided. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the registered manager, the deputy manager, the area care manager and three care workers. After the inspection we contacted health and social care professionals the home worked alongside.

Is the service safe?

Our findings

People living at Whistley Dene were not able to tell us whether they felt safe living at the home. However during our inspection we saw that people did not hesitate in approaching staff when they wanted support or assistance. This indicated they felt safe around the staff members. Relatives we spoke with felt their family members were safe living in the home. Comments included “He is definitely safe there, I have no worries at all” and “They are very safe living there. I wouldn’t want them moving anywhere else.”

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

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example the provider had carried out risk assessments in relation to making hot drinks, accessing the community and personal care. Risk assessments were individualised and where required were supported by a detailed plan of care and support. We saw one person’s risk assessment which identified they became anxious during meal times. To minimise the risk the person had chosen to sit in another area of the home and would also choose which staff member they would like to sit with. We observed that at meal times this happened and it was a quiet and sociable time for the person.

Only staff who had completed a medicines administration course were able to administer people’s medicines. The registered manager and deputy manager had also carried out an assessment of staff’s competency in medicines administration via observation and a written test. We saw safe practices for the administering and storing of medicines were followed. All medicines were stored safely and in locked cupboards. Medicines that were no longer required were disposed of safely and in line with the provider’s procedure. Systems were in place for auditing and controlling stock of medicines. The deputy manager

explained that they would not use any home remedies such as cough medicines without first consulting with the person’s GP. We noted that a bottle of cough medicine had not been labelled when opened. This meant it would not be possible to identify when this medicine should have been used by or how long it had been opened. The deputy manager agreed to rectify this immediately.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider’s recruitment policy. Potential new staff members would also meet the people living at Whistley Dene informally as part of the interview process. Records we looked at confirmed this. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person’s past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults.

There was enough qualified, skilled and experienced staff to meet people’s needs. The registered manager explained they were responsible for completing the roster to ensure there were always sufficient staff members on duty. We looked at the home’s roster which indicated there was a consistent level of staff each day.

There was one member of staff who took the lead on infection control. They explained measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. They also completed a monthly audit of infection control. The last audit completed in July 2015 identified there were no actions required. Staff could explain the procedures they would follow to minimise the spread of infection and how they would manage soiled laundry. We found bedrooms and communal areas were clean and tidy. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection.

Is the service effective?

Our findings

People were not able to tell us themselves whether they believed that the staff who cared and supported them had the right skills to do so. We saw staff communicated with people effectively and explained to them at all times what would be happening next or later in the day. Relatives spoke positively about the care and support their family members received. Comments included “They know him very well, inside out and back to front” and “I am very happy with the care he receives. Staff know him so well.”

People’s healthcare needs were regularly monitored. Health care plans were detailed and recorded people’s specific needs, such as epilepsy. There was evidence of regular consultations with health care professionals where needed, such as dentists, doctors and specialists. Concerns about people’s health had been followed up and there was evidence of this in people’s care plans. Relatives said they were always kept up-to-date with what appointments their family member was attending. One family member praised the staff for being supportive when their relative had been admitted to hospital. They told us as nursing staff did not understand the needs of their relative, for example if he was uncomfortable, staff had stayed with him during his time in hospital. They said “Staff were wonderful.”

People had access to food and drink throughout the day and staff supported them when required. Labelled containers with people’s preferred snacks were available in the kitchen. This meant people could help themselves throughout the day. We observed staff assisting people to make choices at lunchtime. For example one person had already made cheese sandwiches to take to their day services. As they had not gone staff asked if they still wanted these sandwiches or if they would like another filling. The person chose to have another filling. Another person who is registered blind was supported to make a choice about which drink they wanted. Staff gave the person the tea and coffee containers so they could smell each one and then hand the staff member the chosen container. Where there were concerns with people’s food and fluid intake monitoring records were in place and guidance sought from appropriate health professionals. Staff explained about one person who at times was not keen on drinking. Their fluid intake was monitored and there was also guidance on signs of dehydration and what staff should do if they had any concerns.

We saw staff and people living in the home all ate lunch together which was a sociable time. One staff member told us “We always have a cuppa and a chat in the lounge room with client’s mid-morning.” We were able to join in with this chat during our visit

Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals. Staff knew about people’s likes, dislikes and preferences.

Staff were aware of their roles and responsibilities. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a ‘Supervisory Body’, the appropriate local authority, for authority to do so. During the inspection, the registered manager told us they were in the process of making applications for DoLS authorisations. Some applications had been submitted by the provider to the local authority and they were awaiting a response.

The registered manager and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interests had been undertaken by relevant professionals. This ensured the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, and Deprivation of Liberty

Is the service effective?

Safeguards (DoLS). For example one person had wanted to give up smoking. An assessment had been completed which evidenced that the person did not understand that by giving up this meant they would not be able to smoke anymore. Whilst staff had supported the person to try and understand this and had liaised with the GP the person had continued to smoke.

We observed people being supported to make choices about their daily living. For example one person was due to go to their day services. Staff explained to them about going and respected the person's choice when they said

they didn't want to go. Another person had also decided not to attend the day service and have a 'lie-in'. However when they got up they changed their mind and staff supported them to attend the afternoon session.

People were not restricted on when they could leave the home. People could exit the home via the front or back door which led in to the garden. Staff explained that whilst people could leave the home at any time, for safety reasons they were not able to access the community independently. Staff explained that they would always be aware of where people were and offer support should they want to go out.

Is the service caring?

Our findings

People living at Whistley Dean spoke positively of the care they received and the relationships they have with staff. Comments included “I get on well with the staff”, “They know me well” and “They know how I like things”. Relatives also spoke positively about staff and the high standard of care their family member received. Comments included “I am totally happy with the care, staff know him so well” and “I am very happy, I wouldn’t want them to live anywhere else.”

Members of staff asked each person whether they were willing for us to see their bedroom. People were happy to show us their rooms when asked by staff. Two people were unable to give this consent and staff respected this and did not enter their rooms. People had been encouraged to make their rooms at the home their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. One person told us “I like my room; it has my Lorries in it.” Another person had chosen to paint their room in their favourite colour.

One person using the service liked to be kept informed of which members of staff were on duty by a notice board which had staff members’ photographs on it. Staff said this helped alleviate the person’s anxiety around knowing who was coming on duty next. Other visual aids were used to help people stay informed and to make choices such as; photographs of food for each days menu and activity planning.

People who use the service had good relationships with staff members and those who were able did not hesitate to frequently to ask for help. Staff showed respect and

consideration for individual need when talking with people, they involved people in their care, discussing what was going to happen and ensuring that this was acceptable to the person first. This was also evident in people’s observed responses to staff, hugging them when upset and laughing and sharing a joke with them. Staff were observed using gentle touch and tones when approaching people who were visually impaired.

A staff member explained how they supported a person who was verbally unable to communicate and was also visually impaired. They described how they used gentle touch to guide the person and to let them know they were there. They said they always put their hand under the person’s to give them the control when guiding them. We observed a staff member supporting the person in this way when they had requested to go to the bathroom.

During our visit we observed people moving freely around the home, being able to choose where they wished to spend their time. This included relaxing in a garden room where they could enjoy looking out over the gardens or helping staff in the kitchen. One person was enjoying listening to talking books and staff considerately pulled the adjoining door closed so the television did not disturb them.

Staff were knowledgeable about people’s likes and dislikes and past life histories which they frequently brought into their conversations with them. Comments to people included “Your dad was a lorry driver” and “I let your tea brew how you like it”. This was supported in care plans which contained information on who is important to the person and detailed information on choice and preferred communication methods.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. Each person had a care and support plan with information and guidance personal to them. This included information on maintaining the person's health, their daily routines and preferences. Care plans were detailed and person centred; they included health action plans and future goals. Care plans and risk assessments had been regularly reviewed. However one person had been diagnosed with dementia. Whilst there was a positive behaviour support plan in place to assist staff to help the person manage their dementia this was not reflected in other parts of the person's care plan. Other parts of the care plan did not mention the person's dementia nor cross reference the information to the positive behaviour support plan. For example there was no mention in the person's communication plan that they had dementia and they may forget that something had been offered to them and they may then change their mind about doing something a few minutes later. We spoke with the registered manager who acknowledged this and said they would action this immediately.

We also spoke with the registered manager regarding their recording of one person's fluid intake. The records did not show when fluid had been offered and refused by the person. We could see there were gaps in the recording which looked like the person had not been offered a drink for four or five hours. Our experience was that staff were offering drinks regularly throughout the day. We explained this would also help them identify when the person was refusing drinks and also evidence that the person had been offered drinks during these times. They also said they would action this immediately.

People were supported to take part in their interests and social activities both within the home and outside. People were supported to access their local community which included the library, local shops and the local social club. People also attended day services throughout the week. Staff explained that people were offered a choice of opportunities every day, for example going for a walk, listening to audio books or doing some arts or crafts. One person had been invited to visit the yard of the company that supplied the home's oil as the person liked lorries. The company had given the person a jacket, mug and hat as

memories of the day. Staff said it was people's choice if they wanted to join in. On the day of our inspection one person went to the library to renew their audio book. Another person went for a walk in their local surroundings.

Relatives we spoke with were happy with the opportunities and activities available to their family member. Comments included "He has a better social life than I do. He goes walking and to the social club but they also understand he likes sometime on his own" and "He's got it good. They asked me about his hobbies when he first moved in there. He still gets to do the things he likes."

People were supported to maintain relationships with people that matter to them. One person was supported to regularly write letters and sends cards to their relative who was unable to visit often. Staff told us they also supported people to visit their family. They said "We pick up one person's mum so they can come back here and join them for lunch." Relatives we spoke with confirmed that the home was very supportive in ensuring they could keep in contact with their family member.

People were consulted about the care and support they received. Residents meetings were held with staff support every six weeks. Minutes we reviewed included discussions about activities within the home which included having a 'themed night' where people had agreed to make their own pizzas. They had also discussed having less structured activities on weekends to give people more flexibility and choice about what they wanted to do.

Staff we spoke with were knowledgeable about the needs and preferences of the people they were supporting. Throughout the inspection we saw staff spent time with people to make sure they received the care that was centred on them and was responsive to their needs. For example one person who was unable to make their own way to the bathroom shouted out for help. Staff responded immediately, discreetly guiding the person to the bathroom.

There was a clear complaints procedure. People using the service had access to a DVD to help them to understand the complaints process. Staff went through this with people every year to remind them how they could raise their concerns. There was also a system where people could send a postcard to head office who would then send someone to the home to investigate the person's concerns. Staff were aware if a postcard was handed to them by a

Is the service responsive?

person they were to post it, no questions asked. Relatives felt the registered manager and staff were responsive if they had any queries or concerns. Comments included “I could

approach them with any worries and concerns and know they would take action” and “I can chat to staff anytime if I have any concerns. The manager is great and I would ring her if I had a complaint.”

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. People and their relatives knew the management team. Relatives told us they felt comfortable speaking with them and could raise any concerns or make suggestions about their relatives care and support. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role and that they did not have any concerns. Comments from staff included “I can’t leave here” and “The staff here are brilliant, they all help out and will do extra shifts”.

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

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by the registered manager, deputy manager and senior management. The audits covered areas such as infection control, care plans, the safe management of medicines and health and safety. We saw records of recently completed infection control and a manager’s monthly checklist audits. The audits showed

that the service was meeting the standards at the time of our inspection and that no actions had been identified. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

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

We discussed with the registered manager any plans they had for improving the service in the coming year. They explained that the staff and people living in the home had held several funding raising events to develop a sensory garden which could be used by people living in the home but also people living in other houses which belonged to the trust. They had recently received a sum of money from a member of the community which would allow them to be able to complete this project. People living in the home would be able take part in the planting and maintenance of the garden but it would also provide them with a social opportunity to meet other people who may wish to come and experience the garden.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire. There was a contingency plan in place to cover emergencies such as loss of utilities, flooding or insufficient staffing.