

## The Brandon Trust

# Wraxall Road Nursing Home

### 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 ●

# Summary of findings

## Overall summary

This inspection was carried out on the 24 and 26 November 2016. Wraxall Road provides accommodation, nursing and personal care for 14 people. People who live at the home have learning and physical disabilities. There were 14 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. 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.

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.

The areas identified at the last inspection in November 2015 had been addressed which included two showers being refurbished and the majority of the home being redecorated. The provider had taken appropriate action to address the breaches in regulation.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that described how each person would like to be supported. Consideration should be taken to ensure all information was accessible to staff to enable them to get a full picture of how people would like to be supported. The registered manager was reviewing how staff record information to make it more streamlined and avoid duplication. Other health and social professionals were involved in the care of the people. Safe systems were in place to ensure that people received their medicines as prescribed. People were supported to take part in social activities both in their own home and the community. Annual holidays were arranged for those people that wanted to go away.

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. Learning had taken place in respect of any allegations of abuse to improve the service for people living at Wraxall Road ensuring their safety.

Systems were in place to ensure people were safe including risk management and safe recruitment processes. Sufficient staff were deployed to ensure people's care and support needs were met. Staff spoke very positively about the recruitment initiative that had been completed which meant the home was now fully staffed and less reliant on agency and bank staff.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Systems were in place to ensure open communication including team meetings and one to one

meetings with their manager. The registered manager had devised an action plan to aid improvements in this area. Staff were committed to providing a service that was tailored to each person they supported. Staff had received training to enable them to meet people's needs.

People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

Systems were in place to ensure that complaints were responded to and, learnt from in order to improve the service provided. The views of relatives were sought to improve the quality of the service and were involved in the service provision.

People were provided with a safe, effective, caring and responsive service. The registered manager was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

## 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. Recruitment checks ensured staff were suitable to work at the service.

### Is the service effective?

Good ●

The service was effective. Improvements had been made to ensure the home was fit for purpose enabling people to access a shower if they preferred. The home was now decorated to a good standard making the home more homely. Areas of the home were no longer cluttered.

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's freedom and rights were respected by staff who acted within the requirements of the law.

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 friendly in their approach. 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 their care could be adjusted.

### Is the service responsive?

Some improvements were required to ensure the service was responsive. This was because the care plans were disjointed and not stored in an accessible place for staff.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. People were supported with social activities.

Where complaints had been made these were listened to and addressed.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

The staff and the registered manager worked together as a team. 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 registered manager was aware of the areas that required improvement with a robust action plan in place.

**Good** ●

# 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 24 and 26 November 2016. The inspection was completed by one inspector. The previous inspection was completed in November 2015 where we found two breaches of regulation. This was because some improvements were required to the environment to ensure it was safe and meeting the needs of people. 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. The provider sent us an action plan telling us what they were going to do to put these areas right. What the provider told us they would do had now been completed.

We did not ask 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. However, we reviewed the PIR we requested for the previous inspection along with information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four 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 GP and a commissioner of the service. A commissioner is a public organisation that funds the care of people.

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

# 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. One person was 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.

Staff spoke positively about the recruitment that had taken place over the last twelve months. They told us this was the first time in many years the service had been fully staffed. The registered manager said they were waiting for two staff to start which would then leave one part-time vacant post. When we inspected in November 2015 there had been 10 vacant care staff posts and 1.6 qualified staff vacancies. Staff told us this was having a positive impact on the service as they were no longer working with agency staff on a regular basis. The registered manager told us due to staff contractual hours there were still some gaps in regular staff working sleep-ins. This affected the nurses as they were only contracted to work 46 sleep-ins per year. Some nurses agreed to work additional sleep-ins but these still left gaps. However, the registered manager told us they were using regular bank staff to fill these gaps to ensure continuity for people.

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 nurse at all times. At night there were two waking night staff and a nurse providing the sleep in cover. The nurse was contactable in the event of an emergency. Additional staff were rostered to enable people to go out or attend hospital appointments.

The registered manager was 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. Checks were also completed to ensure the nurses maintained their registration with the Nursing and Midwifery Council (NMC).

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.

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. These were kept under review and other professionals such as occupational and physiotherapists had been

involved in advising on safe practices and equipment required. For example a member of staff told us they were unable to take a person out at the moment due to their wheelchair not being suitable as it was noted they were sliding down. Staff said they were liaising with professionals to obtain a suitable wheelchair.

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.

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 was 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.

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. The registered manager told us they had reviewed these in July 2016 and there was now a schedule in place to review two risk assessments each month. 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. Fire drills had not been recorded to demonstrate staff had completed fire drills at the appropriate intervals. Two staff told us they had completed fire drills recently however, this was not captured in the records.

Routine maintenance was carried out promptly when required. Some pictures were found in people's bedrooms and in the dining areas waiting to be put up by the maintenance team. When we asked when people's rooms had been decorated we were told six weeks prior to the inspection. This meant some areas of maintenance were not addressed promptly. The registered manager arranged for this to be done during the inspection.

The home was clean and free from odour. Housekeeping staff were employed to assist with the cleaning of the home. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control.



# Is the service effective?

## Our findings

Two people told us they liked the staff that supported them. A relative told us they were very happy 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. They told us they had built good relationships with staff and found them to be professional and knowledgeable about their son.

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. Due to the complex needs of these people the GP completed home visits rather than people attending the surgery. Feedback from health professionals was positive. Comments included, "I have found Wraxall Road to provide a high standard of care. They really understand their residents and in particular I have seen them advocate well on behalf of a patient regarding hospital treatment and feeding problems", and, "We received timely and appropriate referrals with our recommendations followed through".

Tissue viability nurses had been involved and pressure relieving equipment was in place for those people who 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. This was very important as most of the people relied on staff for any positional changes to relieve any pressure points. Two people had an acquired pressure wound from a hospital admission, one person's had completely healed. However, staff told us there were complications out of the home's control for the other person. The district nurses and other health professionals said this particular wound would not heal. Staff described to us how they were extra vigilant to prevent any deterioration of the wound and to ensure the person was comfortable at all times. It was evident the staff were being proactive in liaising with other health professionals to make sure the person was receiving appropriate treatment.

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.

Some people had complex epilepsy. Plans of care were in place describing the action staff need to take to support the person and what records needed to be maintained. Staff had received training on supporting people with epilepsy. A member of staff told us they felt that with more regular staff there had been a reduction in seizures and they put this down to people receiving their medicines on time. It was recognised that it may take an agency nurse longer to give everyone their medicines.

People were monitored in respect of their general wellbeing. Staff told us because many of the people were unable to tell them they were unwell it was important to pick up on their body language and general physical condition. Health care records showed staff were prompt at monitoring for signs of chest and urine infections and worked closed with the GP in ensuring the person had appropriate treatment. This was because staff knew people well. One person had moved to the home recently and had attended a variety of

health care appointments as staff had noticed changes in the person's general well-being and mobility. This included working with the psychiatrist in completing some investigatory work around whether the person was living with dementia and regular appointments with the dentist.

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 added extra vegetables to meals such as spaghetti bolognese to ensure people received the nutrients they required. Staff confirmed there was always enough for people to eat and a variety. We noted that people were generally limited to eating porridge or Weetabix for breakfast as these were suitable for people who needed a soft pureed diet. When we asked about the variety staff told us they added soft fruits or honey to ensure this was varied or there was a choice between plain Weetabix and a chocolate variety. This was not captured on the daily food records and would be beneficial to ensure that people were having choice and variety in their diet. We received positive feedback from a health professional who told us people were having a broader range of foods and this included snacks. Two staff had completed training on how to make blended food more appetising and their learning had been cascaded to the team. There were also some cookbooks for staff to build on the variety that was being offered.

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.

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 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.

People's weight was monitored on a monthly basis or weekly where concerns had been raised in relation to weight loss or gain. Advice had been sought from the GP and a dietician. One person had been admitted to the home with concerns about their extreme weight loss prior to their admission to the home. Care plans had been put in place for the person and it was evident these were being followed as the person was nearly at their target weight. This was commendable and showed how staff supported people with meeting their dietary needs minimising the risks of malnourishment.

We checked whether the service was working within the principles of the MCA. 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.

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 interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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 with 11 being authorised. They were waiting for three people to be assessed. There were systems in place to check when applications needed to resubmitted.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training which had prepared them for their role. Brandon Trust ensured staff new to care completed the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Staff confirmed they were in the process of completing their induction but were concerned that a number of areas were not as yet signed off. However, they said their mentor had covered most areas and had been very supportive.

Staff had been trained to meet people's care and support needs. The registered 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 told us they liked doing their training electronically because they could do this in the comfort of their own home. Where staff needed additional support the registered manager told us this would be made available especially if staff were not comfortable using a computer.

Staff received individual supervisions with either the registered manager or the team leaders enabling them to discuss their performance and training needs. This enabled the registered manager to plan training needs for individual staff members. Staff said it was with good intention these were planned but often they were cancelled due to staffing or an emergency in the home.

The registered manager told us they understood the importance of these supervisions. However, during the summer there had been only two team leaders (nurses) working in the service and as a consequence these and annual appraisals had not been completed in line with the Trust's policy. The registered manager had developed an action plan and the majority of staff had now been supervised in October and November 2016 with dates pre-planned for the forthcoming months.

Wraxall Road was purpose built 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.

Improvements had been noted since the last inspection with the majority of bedrooms, bathrooms and lounge/dining areas having been redecorated. Since the last inspection two of the shower rooms had been refurbished into wet rooms to enable people to use these areas safely. This was because previously there was a step up into the shower and staff had to lean over the enclosure to assist people which meant it was not suitable for many of the people living at Wraxall Road. People were now able to choose between a bath or a shower. This was in response to a requirement from the last inspection in November 2016. The service had met the requirements.

When we last inspected 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. There was a noticeable improvement in this area with most areas being free of clutter. Whilst there were improvements, on the first day we did see items on a kitchen worktop such as staffs' belongings and arts and crafts material such as paint and brushes that should not have been there. However, this was removed immediately and was noticeably clearer on the second day of our inspection. 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. So therefore it was important for staff to be vigilant in this area. The registered manager told us they regularly walked around the home to remind staff of ensuring the environment was clutter free. Staff were also reminded of the importance of this in the communication book. The manager told us two of the toilets that were not used were going to be changed into additional storage as it was recognised there was limited storage space within the home.

We noted that the sensory room still had no purpose twelve months after our last visit and was still being used to store equipment. The registered manager told us they were reviewing whether a sensory room was appropriate as most people had their own sensory equipment they used in their bedrooms.

# Is the service caring?

## Our findings

The relationships between people and the staff was caring, friendly and informal. People looked comfortable in the presence of staff. Staff sought to understand what was wanted and how they could help people. 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.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. A member of staff told us about their key worker role, it was evident they had an in-depth knowledge on the person's support needs. They told us there were opportunities to go out on a one to one basis enabling them to build a positive relationship with the person. For example key workers were in the process of organising Christmas shopping trips enabling them to purchase gifts for their families where relevant. A relative confirmed they were aware of the key worker role and that the member of staff kept in contact with them regularly.

The registered manager told us they were planning to reintroduce a key worker day once a month where staff were supernumerary and would support the person they were key worker for. This would enable them to complete the monthly summaries and arrange a social activity for them. The manager said these had stopped in August because of the high agency usage. However, the registered manager said these were really beneficial and now they were fully staffed was planning to reintroduce these in January 2017.

Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them.

A member of staff told us as part of their key worker role they were planning to hang photographs up outside each person's bedroom doors. The pictures would be of something of interest to the person and would aid communication for the staff on talking about something the person had done or particularly liked. There was also a written account of the picture. This had been completed for two of the fourteen people. For example, one person had their photo taken when a planned visit from the police was arranged. This person was particularly interested in police cars so the staff had arranged for a police car to visit Wraxall Road. Another person had their photo taken with a snow machine and another photograph doing some baking with staff because this was what they particularly liked. Staff said this was a good way to introduce new staff to people.

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 very welcome by all the staff without exception. They told us the staff always made them a pot of tea and

enabled them to see their relative in the privacy of their bedroom.

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. Where people were sat by windows the nets were pulled back to afford the person a better view. Another person was sitting by a window and staff promptly picked up the sun was in the person's eyes and moved them slightly to make them more comfortable. One person spent a lot of time in their bedroom and staff had repositioned their bed enabling them to look out of their window. Whilst staff were assisting people they were engaged in conversation with people. We also observed a member of staff playing air guitar and singing to the person. Later the member of staff told us the person particularly liked heavy rock music. People were also supported to move between the two houses to meet with friends.

People were 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. Where people were nil by mouth and fed through a PEG staff explained how they monitored any discomfort when others were eating. Staff showed empathy for these people making sure they were comfortable and not upset because other people were eating in front of them.

At the last inspection, 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 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.

One person told us they had been away in a cottage with their friend who lived in Wraxall Road. This holiday was a special holiday as the other person had not been very well and was end of life. The holiday was an opportunity for the two people to spend some quality time together. Photographs had been taken to capture the memory and staff had made up a photo album. The person was happy to show us the album and talked about their experience and the loss of their friend. It was evident the staff had arranged a very special experience for the person.

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. Relatives had commended the staff on their caring approach and the attention that was paid to their relative who had recently died. They stated, "We have had joyous times at Wraxall Road with friends and staff".

## Is the service responsive?

### Our findings

Staff were responding to people's care needs throughout the inspection. This included supporting people with personal care and with activities both in the home and the community. A healthcare professional provided the following feedback, "The residents seem happy and I have observed a range of activities available for them as well as a personalised approach to their rooms and care". Another health care professional told us, "Really high standard of care". They said they felt it was provided in a 'personalised and heart-warming way'. They considered all relevant staff were knowledgeable about their patients and had good knowledge of their medical histories and current requirements.

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 service. It was evident the staff had liaised with hospital staff, the person's family and the social worker. We noted at the last inspection the staff had not used the Brandon Trust's assessment tool for a new person who had moved to the service. This had been reintroduced for the new person that had moved into the home this year. Whilst there was some valuable information in this person's file there were some areas that needed to be developed such as a person centred plan, a pen portrait (a brief overview of the person) and information about their daily routines. Staff said that they were in the process of completing these but this person's needs had changed significantly since they had moved to the home. Staff clearly described how they were supporting the person and their interests.

People were supported to have care plans that described how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and the support they needed. The care plans had been kept under review on an annual basis. Whilst each person had a care planning folder these were difficult to navigate and there was no one central file containing all the information you needed to know about a person. For example some risk assessments, hospital passports and care plans in relation to meeting people's nutritional needs were kept in another file. To have a true picture of a person staff would have to read about four different files to gain the information they required to support the person safely and effectively. Staff told us they had found the files difficult to navigate and other staff had been invaluable in enabling them to get to know each person living in the home.

Staff completed daily records for each person which included what personal care was delivered. There were gaps in the recording of this information for example one person had only had their teeth cleaned 11 times out of 22. There were also gaps in whether a person had a shower or bath. The registered manager told us people either had a bath or shower every day without fail. The registered manager told us they were always reminding staff to record especially activities such as reading a book or the arts and crafts that were now regularly taken place. They told us they were planning to review the number of places staff were recording to streamline this for staff and reduce the number of records where staff had to record. They told us often this was duplicated information.

The registered manager told us at the last inspection they 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. Eleven of these out of 14 had been completed.

Copies of the plans were not within each person's file but held electronically. There was no signpost in the person's file to detail where these documents were. Two people's file stated they did not have a person centred plan. There was no evidence these had been kept under review to ensure people's wishes and aspirations had been achieved. For example one person wanted to go on a horse and carriage. Staff told us this had not been achieved but it was hoped when they went on holiday this would happen for the person. Another person wanted to go on a train journey again staff could not recollect whether the person had achieved this goal. One person wanted to keep in touch with family via video recording. Staff confirmed this was organised for them regularly. Improvements were required to ensure these support plans were being used to plan the care and support for people enabling them to achieve their goals and aspirations.

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. A paramedic had praised the staff on their knowledge of the person and that everything was ready for person's transfer to the hospital including the grab bag. They also commended the staff on their ability to multi-task as this was not the only emergency during their visit. This was because another person had an epileptic seizure that required staff support.

During our inspection the emergency call bell was sounded. All staff promptly responded to assist the member of staff. This included a member of staff who had finished their shift. It was evident staff knew what to do to ensure the person's needs were responded too.

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.

Key workers completed a monthly summary. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. However, these were not in the person's care file but with archived daily records. There was a section in people's care files for these to be stored. There was a risk these would be overlooked when reviewing people's care and support needs.

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. A member of staff told us they had to be quick to get tickets for the local theatre and suitable seating for people with a disability which was in demand. They told us they usually booked the tickets at least twelve months in advance to guarantee the tickets were available. People were supported to see a range of shows based on their interests. There were two specialist vehicles to enable the staff to support people who use wheelchairs to access the community.

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. People were involved in making Christmas decorations which included making a snowman out of paper cups.

Staff told us people were supported to have an annual holiday. All but two of the people living at Wraxall Road had been supported to go on holiday. This was because one person had not been well enough and the other did not appear to enjoy going away. Staff told us instead this person would be going to a Festival of light Production at Longleat and other trips for the day. They told us often the person would refuse to go out as they preferred to remain in their own home. One person told us they were planning a cruise to Belgium next year. Staff had taken the time to gather photos to enable them to discuss what the person wanted. It also enabled the person to tell others of their plans. A relative confirmed holidays had been arranged and staff were always keen to share photographs of the experience.

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 three complaints in the last 12 months. These had been fully investigated and appropriate action taken to address the concern. A relative confirmed if they had any concerns they would speak to the registered manager or staff. Surveys confirmed relatives knew how to complain if they had any concerns.

## 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 registered manager who was responsible for Wraxall Road. Nurses, in the role of team leaders, were deployed at Wraxall Road and provided 24 hour care. They took the lead when the registered manager was not present. In addition, staff were able to contact an on call system if the registered manager was not available for advice and support.

The registered manager was clear about their role and responsibilities. They had identified areas for improvement and had prioritised work that needed to be done to benefit the people living there. This included ensuring each person had a person centred plan, staff were supervised regularly and areas of the home had been redecorated. The registered manager said some of the areas that required improvement had taken a bit longer such as the decoration. Although this was planned for completion in January 2016 it had actually been completed in the summer. This was because a number of quotes had to be sought prior to authorisation by the Trust.

Staff told us they felt supported by the registered manager and positive changes had been implemented to improve the quality of care to people. This included the recruitment of staff. Staff told us, for the first time in many years the home was actually fully staffed which meant they were not always working alongside agency or bank staff. The registered manager told us moving forward it was about developing a team and changing the culture of the service. Staff told us the registered manager was an effective and responsive manager and she was open to suggestions and would deal with any issues. Staff described how the manager had responded to some conflict within the team with some staff raising concerns about how some staff did not assist in the laundry. This was openly discussed at a team meeting and staff confirmed this had improved relationships within the team. Generally staff spoke positively about their colleagues and how they worked well as a team supporting people.

A relative told us they felt the home was well managed. They told us the staff and the management were approachable and kept them informed of any changes. Annual surveys were sent to friends and relatives to gain their views on the service. The registered manager was in the process of collating the information. However, the surveys we saw were all positive in respect of the care and support people received. Comments included, 'X (name of person) is always clean, dry and comfortable', 'X is aware Wraxall Road is their home and we would not want him anywhere else' and 'He is very happy at Wraxall Road'.

The registered manager and the staff were clear on the vision and values for the service which was to further enhance the person centred care approach and provide a more inclusive environment for people. The registered manager was actively seeking out assistive technology to improve people's quality of life such as

eye gazing technology. One person showed us how they had control over their environment and were able to use technology to open their curtains, switch on sensory equipment, their television and radio. The Brandon Trust had a dedicated team who supported services in exploring this area of assistive technology and a fund raising team. The registered manager told us already the team had raised £5,000 towards the £10,000 that was required for one person to obtain this equipment.

The provider and the registered manager carried out checks 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. The registered manager had a clear action plan on the role of the team leader in completing timely supervisions, appraisals and inductions for staff. There was also information about leading a shift, rota planning and information in dealing with poor practice.

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, infection control and health and safety. The registered manager said this was going to be reviewed now they had a full staff team.

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.

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 to explore if there were any themes.