The White Horse Care Trust

White Horse Care Trust - 5 Elcot Close

Inspection report

5 Elcot Close
Marlborough
Wiltshire
SN8 2BB

Tel: 01672516320
Website: www.whct.co.uk

Date of inspection visit:
26 September 2017

Date of publication:
19 October 2017

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

5 Elcot Close is registered to provide accommodation and personal care for up to five adults with learning disabilities and associated health needs. At the time of our inspection there were five people living in the home. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

At the last inspection in August 2015, the service was rated as 'Good'. At this inspection we found the service had remained 'Good'.

A registered manager was employed by the service and was present during our inspection. 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.

There were systems in place which ensured the quality and safety of the service was monitored. An internal quality assessment tool (IQAT) was used to identify actions required to improve the quality of service people received. Checks and audits of the service were routinely undertaken which included medicine administration, fire safety and infection control.

People were happy and relaxed in the home. During our visit we observed people approaching staff for support and laughing and sharing jokes. Staff spoke with people in a caring and considerate manner responding to requests for support without hesitation.

People were encouraged to take part in activities both outside and in the home. This included going to weekly day services as well as going out for lunch and day trips. People were also supported to be involved in day to day living skills such as cooking, cleaning and shopping if they wished to.

Staff understood their responsibilities to keep people safe and were able to describe what actions they would take if they had any concerns. Staff told us they would not hesitate to report any concerns to senior staff. Where required any concerns raised had been reported to the local authority and CQC.

Assessments had been completed to identify risks to people's safety and guidance put in place to minimise these risks. People's care and support needs were fully described in people's care plans. Care records were regularly reviewed and updated as necessary. Where necessary health professionals had been contacted by staff for support and guidance to ensure people received on-going health care.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Care plans included detailed information on the least restrictive options to support people.

Medicines were stored securely and audits were undertaken weekly to ensure that stocks of medicines and medicines records were accurate. People received their medicines as prescribed. Where people required 'as necessary' medicines, the protocols for these were written specifically for the person.

People were supported to eat a varied diet to include their food preferences. Where required people had access to specialist diets and their fluid intake was also monitored to ensure they drank enough. People we spoke with said they liked the food choices.

There were sufficient numbers of staff available to meet people's needs. During our visit we observed that staff took time to support people with no one being rushed. The service followed safe recruitment practices. People were supported by staff who access to a range of training to ensure they had the correct knowledge and skills to meet people's needs. Staff we spoke with said they felt supported and were positive about working within 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

White Horse Care Trust - 5 Elcot Close

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and took place on 26 September 2017 and was unannounced. The inspection was carried out by one inspector.
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. We spoke with people and three people's relatives about their views on the quality of the care and support being provided. We sought feedback from five healthcare professionals who supported the service to meet people's care needs. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

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 two care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met all of the people who use the service. We spoke with the area care manager, the registered manager and four care staff.

Good

Is the service safe?

Our findings

People continued to receive a service that kept them safe whilst still promoting their independence. Assessments of risk had taken place to ensure people could take part in their daily activities safely. All of the care plans we looked at contained risk assessments for areas such as moving and handling, falls, accessing the local community and kitchen safety. Where risks had been identified, the care plans were detailed and provided clear guidance for staff on how to reduce the risk. For example, mobility aids, such as walking frames, had been sourced to ensure people were able to move independently and safely around the home.

Staff were able to explain how they kept people safe saying that any concerns they had for people's safety would be raised with the management team. One member of staff told us "There is a risk assessment in place to support X to access the bath. The information in it helps keep them safe and doing things independently."

Staff told us they had received training in safeguarding vulnerable adults which helped them identify if people were at risk of being abused. They were clear about their responsibility to immediately report any concerns should they suspect abuse was taking place or they had observed poor practice. Staff were also aware of outside agencies they could contact such as the local authority or police to raise any concerns they had if required. One member of staff told us "I would report any concerns straight away. If I wasn't able to speak with my manager or the on-call then if needed I would call the council or police."

Records showed safeguarding incidents had been reported to the local authority safeguarding team by the management team. Actions had been taken to reduce the risk of further incidents.

Medicines continued to be managed and administered safely. Staff had been trained to administer people's medicines and observations of their practice took place to ensure they carried this out safely. Medicine administration audits were carried out weekly and then periodically checked by the manager to ensure they were correct. Staff had reported medicine errors and had taken appropriate actions which were recorded.

There were arrangements in place for the safe storage, administering and recording of medicines. Where required medicines were disposed of safely. We reviewed the medicine administration records for the three people using the service which showed that medicines had all been administered as prescribed.

There were sufficient staff to meet people's needs. The registered manager explained that staffing levels were flexible depending on activities taking place or scheduled appointments people needed to attend. The registered manager told us they were working with health professionals to review one person's needs and the staffing levels needed to support them at all times.

Staff told us there felt there was sufficient staff on duty. They said that when staff were on annual leave or sick, cover was always organised.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were

made to ensure staff were of good character and suitable for their role. Staff files included application forms and appropriate references. Appropriate checks continued to be made with the Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. 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.

Good

Is the service effective?

Our findings

People were supported to eat and drink sufficient amounts to maintain a balanced diet. They were encouraged to be involved in menu planning and food preparation. People selected the evening meal on a day of the week. However, alternatives were available should be people not like the choice on offer.

We observed people having breakfast and lunch. Each person was asked what they would like and were supported to prepare the food of their choice. Staff were aware of people's dietary needs and preferences. Where required people had access to specialist diets. For example, one person required a low potassium diet and another person required their food pureed. Staff were able to explain how they supported people to meet their dietary needs.

Two people we spoke with said they liked the food. One person told us "Porridge is my favourite." We saw the person was supported to have this for their breakfast.

People's health care needs continued to be monitored and any changes in their well-being prompted a referral to appropriate health care professionals such as their GP or consultant. Contact with health professionals such as the doctor, consultant, or dentist was recorded in people's records, showing people's day-to-day health needs were met. The service ensured people were able to attend appointments and check-ups for all their health needs.

People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had individual hospital 'grab' files. These contained specific information regarding people's medical history and communication needs to support nursing staff should the person be admitted to hospital.

One health professional told us "The manager recently managed a very complex health need where the person's diabetes management was completely changed whilst in hospital and transferred to the community. The care plan she (the manager) had written (with minimal instruction from the Hospital) was extremely detailed. She ensured all the staff supporting the individual had been shown the new regime and aware of what they needed to do. The service also supports a person whose mental health fluctuates and they always seek advice from health professionals when they need to."

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to support and care for people. A training matrix provided details of when staff had attended training and when they were due refresher training. Records we viewed showed staff had received additional training where necessary to meet the needs of the people using the service. For example, training in the management of diabetes.

New staff completed an induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to.

Staff spoke positively about the training opportunities available. The registered manager explained that staff's competencies were monitored through observations and regular one to one meetings. There were records of discussions relating to training and staff's understanding in their personal files.

Staff had regular one to one meetings with their line manager which enabled them to discuss any training needs or concerns they may have. All staff we spoke with said they felt supported in their role. One staff member told us "I can discuss anything such as how I feel about training, my achievements and my career progression."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working within the principles of the MCA. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place. For example, we saw for one person a record of decisions made in their best interest relating to their health needs which clearly took into account the person's wishes. Meetings had taken place which evidenced the people who had been involved in supporting the decision making process. All necessary DoLS applications had been submitted by the registered manager.

Whilst not all staff had received training in the MCA they still had an understanding of the legislation. They told us people were supported to make choices about their day to day living and how they wished to receive care. One member of staff told us "It is important not to force people to do things. It has to be their choice. For some people we support them to choose by showing them objects to help them. For example, we would show X the tea and coffee and look for which one they touched to know their choice."

One relative commented "They always contact me when there are decisions to be made and we discuss the decisions to be made."

A health professional told us "Managers seek advice from other professionals in regard to MCA and ensure they follow Best Interest Decisions where the person lacks capacity."

Good

Is the service caring?

Our findings

During our visit people looked happy and relaxed. They looked comfortable in the presence of staff seeking support if needed. One person when asked said "Yes" they liked staff and "They're nice". Relatives spoke positively about staff saying "The staff are all very nice. He gets on well with them all" and "They are very good. They know what support she needs and help her if necessary."

We saw positive, caring interactions between staff and people using the service. The atmosphere in the home was relaxed and friendly with jokes and laughter being shared throughout the day. People were free to move around the home or the garden. They could choose if they wished to spend time in the communal areas or to have quiet time to themselves. People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as CDs, ornaments and photographs.

During our visit we saw staff treating people with kindness and compassion. For example, One person who was in their room was calling out and was quite distressed. Staff supported the person by spending time and offering them reassurance in line with the guidance in their care plan.

Not everyone was able communicate verbally. Staff knew people's individual communication abilities and preferences. They were able to describe the how people communicated through their actions and expressions and what support they made need to help them express their wishes. For example, objects and pictures were used to help people communicate their wants.

Staff knew people well and spoke about their life stories and people who were important to them. Staff took the time to engage people in conversation. People's care was not rushed enabling staff to spend quality time with them.

People's privacy and dignity was respected by staff. Where people needed support with personal care their wishes were taken in account. For example, people had detailed guidance in place on how they wished to receive intimate care which promoted their privacy and dignity.

Staff provided care in a way that maintained people's dignity and upheld their rights. When people received personal care staff told us they made sure this was done behind closed doors. One member of staff told us "I always tell them what I am doing and ask if they are alright. You can tell by people's body language if they are uncomfortable and I watch for this. I treat people how I would like to be treated. This is people's home and I respect that."

One health professional told us "I have found the staff to be very approachable, friendly and helpful. I feel the residents are treated with dignity and respect."

Staff were respectful of people's cultural and spiritual needs. These were noted in people's care plans. People were supported to attend the local church if they wanted to.

People were supported to have access to advocacy services that were able to support and speak on behalf of people if required.

Good

Is the service responsive?

Our findings

Care plans were person centred and information clearly explained how people would like to receive their care and support. They continued to be personalised and detailed daily routines specific to each person. For example, routines included what time people liked to get up during the week and if they wished to lie in at weekends. If they wished to have a bath or a shower and where they liked to spend their time.

Staff were able to describe how people wished to be supported to ensure their care was person centred. Care plans contained information about the person's likes, dislikes and preferences. They also contained information on people who were important to the person and any support required to maintain these relationships.

People's needs were regularly reviewed and care plans updated to take into account any changes to people's risks and needs. A relative said they were invited to attend meetings about the family member's care and support where they were able to share their views which staff took account of. They said "They always ask me what I think about the service. They asked me what he likes and doesn't like to help them get to know him."

Care plans contained information to support staff to monitor the well-being of the person. Where necessary health and social care professionals were involved. Where people had specific health needs records showed the involvement of other health professionals and the actions required by staff to ensure the person's health was maintained.

People were supported to maintain their independence and access the community. People were able to be involved in activities of their choice both in and outside of the home. On the day of our inspection some people had chosen to go out for their lunch to a local pub. Those people who remained in the home took part in activities of their choice which included baking, playing a computer game and art work. One relative told us "There have been some staff shortages which have meant she hasn't been away this year." During our discussion with the registered manager had told us this was something they were exploring with people about where they wished to go.

People were encouraged to be involved in household tasks such as cooking, housework, setting the table and clearing away and shopping.

There was a complaints policy and process in place. People were supported to share their views during regular house meetings and raise their concerns. Relatives told us they knew what to do should they wish to raise any concerns or make a complaint. Their comments included "I have not had to make any complaints but any concerns I have raised have been listened to and something done" and "Everything I have brought up they have actioned and done something about it. As soon as I say something it's done." There had been one complaint since our last inspection. This had been investigated and responded to in a timely manner.

The registered manager showed us how they were developing personalised complaints information to help

people understand better how they could raise a concern. The new complaints information contained pictures and photographs.

Good

Is the service well-led?

Our findings

A registered manager was employed by the service and was present during our inspection. 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.

Relatives and health professionals spoke positively about the management of the service. Their comments included "The new manager is very good. I can raise anything with them and they will do something about it", "It is a very nice home. They are a real family to each other" and "Managers ensure the service users are included where and when appropriate with care planning, involved in decisions about their care with support from carers and other professionals. Managers seek advice from other professionals in regard to MCA and ensure they follow Best Interest Decisions where the person lacks capacity."

There was a positive culture that was person centred and open. The service understood about equality and diversity and put these into practice. For example, people were supported to follow their religion of choice if they wished. One staff member told us "It is important to respect people's differences and take the time to get to know them as individuals."

Staff spoke positively about working in the service. Comments included "I really enjoy working here" and "I made the right move coming to work here. I enjoy my work here." Staff we spoke with all felt supported by the management team and could raise concerns and share ideas.

The provider had effective systems in place to monitor the quality of care and support people received. Internal audits had identified shortfalls where necessary and action had been taken to address them. Audits of care records and the service were regularly undertaken. These included checks on the safety of the home, including fire safety and equipment, medicines management, staff training and care records.

Accidents and incidents were investigated and plans put in place to minimise the risks of reoccurrence. Records contained information of what actions had been taken to minimise the risk and reduce the risk of reoccurrence. Where required, changes to people's care and support had been made. For example, one person's footwear was changed after they had experienced a fall.

Senior staff from the organisation undertook regular visits to the home and provided written reports of their findings and any actions required. A new system of auditing had been introduced called the Internal Quality Assurance Template (IQAT) which was currently being completed by the registered manager. Any actions arising from this were monitored to ensure that actions were completed in a timely manner.

The service had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

People and relatives were involved in feeding back about the quality of the service. A relative commented "I have just had a letter asking me how I find the service. It was a questionnaire."

The service continued to have appropriate arrangements in place for managing emergencies which included fire procedures. 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.