

# The White Horse Care Trust

# Bembridge House

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Bembridge House is a care home which supports up to eight adults living with a learning and/or physical disability. The service was fully occupied at the time of the inspection.

People's experience of using this service:

- Relatives told us staff were kind and caring. Staff were very attentive to people's needs and ensured people were happy and took part in activities of their choice.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's care was person-centred and the support people received from staff focused on promoting people's choice and control in how their needs were met.
- People were supported to access the healthcare services they required. Staff had sought guidance and support from different healthcare professionals to make sure they were providing care which met people's health needs.
- Staff had the right skills, experience and support to meet the needs of people who used the service. People were provided with a balanced diet with a choice of meals.
- The environment met people's needs and people had different spaces they could enjoy, including a sensory room and large garden.
- People were treated with dignity and respect and their independence was promoted.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- There were systems to assess the quality of the service provided. Improvements were made following robust checks on different areas of the service. Which promoted people's safety and quality of life.

Rating at last inspection: At the last inspection the service was rated Good (report published 24 November 2016).

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

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Bembridge House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Bembridge House is a 'care home' which supports up to eight adults living with a learning and/or physical disability. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live a full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include, control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

#### What we did:

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law. We also asked the provider to complete a Provider Information Return (PIR). Providers are

required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spent much of the inspection carrying out observations between people and staff as people were not able to give us their views about the service. As part of the inspection process we looked at one person's care records and records relating to the management of the service including audits and staff training records.

We spoke with the registered manager, the manager, the deputy manager, two support workers and a relative.

After the inspection we received feedback on the service, via telephone calls to two relatives and via emails from two healthcare professionals, one social care professional, an independent advocate and the community musician who regularly visited the service.

Following on from the visit the registered manager also sent us additional evidence.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were well cared for and safe living in the home. One relative said, "They [staff] don't hide anything from us."
- The provider had processes in place to safeguard people from the risk of abuse.
- Staff had a clear understanding of how to identify and report concerns relating to harm and abuse. One member of staff told us, "I would record the concern and report it to my manager."

Assessing risk, safety monitoring and management

- Risks associated with people's needs were identified and assessed. Risk assessments were personalised and regularly reviewed. These included epilepsy, skin breaking down, use of the trampoline and dysphagia (where a person might have issues with swallowing foods and/or liquids).
- People had individualised fire risk assessments and personal emergency evacuation plans (PEEPS). Records showed staff and people were involved in regular fire drills.
- The environment and equipment, for example fire equipment and checking people's bedrooms, was well maintained to ensure people were safe.

Staffing and recruitment

- Relatives told us there were enough staff to support people safely. Staff confirmed this and told us extra staff were arranged to work if people had appointments or community activities.
- The registered manager confirmed the provider's safe recruitment practices continued to be in place. Staff said they had all gone through a recruitment process which included disclosure and barring service (DBS) checks. We saw evidence of the employment checks on agency staff so that the registered manager could be assured people were being safely supported.
- The registered manager and manager were actively looking to recruit to the staff vacant posts. If needed, regular agency staff worked in the service and they received an induction to the service that informed them of how to support people safely.

Using medicines safely

- The provider ensured safe medicine management practices were followed. Staff confirmed they received training on medicine management and observed experienced staff before they gave people their medicines unsupervised.
- Medicines were stored securely, and medicines administration records were fully completed. Checks were carried out to make sure medicines were given to the person at the right time and in the right way.

Preventing and controlling infection

- The home was clean, tidy and odour free. We saw a staff member was assigned to carry out cleaning duties and understood their role in ensuring their practice followed current guidance and best practice.
- Relatives confirmed the service was always kept clean. One relative commented, "I have never found the home dirty."
- Staff had access to Personal Protective Equipment (PPE) to prevent the risk of infections spreading.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager, manager and provider to identify any trends or patterns. Appropriate action was taken following accidents and incidents to reduce the risk of reoccurrence.
- We saw action was taken where a member of staff had not signed a medicine administration record. This included talking this through with the staff member and ensuring they were clear of their roles and responsibilities to minimise this occurring again.

# Is the service effective?

## Our findings

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

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

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

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

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

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

- An independent mental capacity advocate (IMCA) had recently completed a compliment form where they had stated the person's care had been, "Very person-centred" and that staff always ensured the person's views were represented by an IMCA or advocate. They also told us, "I find [person's] care plan to be MCA compliant and the least restrictive."
- People's capacity was assessed, and their support plans stated whether they had capacity to make specific decisions. Where people were waiting for their DoLS to be authorised, there was evidence of the manager regularly checking the progress of the DoLS applications.
- Staff had undertaken training about the MCA and DoLS and were aware of how to apply this legislation. Staff were very clear they gave people choices but made sure they did not give people too much information as they wanted to enable them to make daily decisions without confusing them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and records showed that people's needs were met in line with good practice guidance. Relatives confirmed they were involved in the assessment process and with the planning of people moving into the service.
- Relatives told us they were always informed of any changes to a person's needs and were a part of the development and review of people's support plans.

Staff support: induction, training, skills and experience

- Relatives commented favourably on the skills the staff team demonstrated to them. One relative confirmed they felt confident staff knew how to support their family member which included using a



Percutaneous Endoscopic Gastrostomy (PEG). This is used when people are unable to eat orally, and food and/or medicines is delivered via a tube inserted into the stomach.

- Staff confirmed they received an induction to the home when first working with people and records confirmed this. Staff explained they had spent time observing experienced staff before working unsupervised.
- Staff continued to receive a range of training to meet people's needs. One staff member said the training was, "useful." Some training was specific to the needs of people using the service, for example, we saw staff had received training in epilepsy and dementia. New training was also being offered to staff which included, communication and person centred working and equality and diversity.
- Staff told us they were provided with regular supervision and an annual appraisal to enable them to do their job effectively. One staff member said, "I can ask the manager anything and they will give me advice." The manager or deputy manager assessed staff member's competencies to ensure they continued to support people safely. We saw records were kept of these assessments, such as observing staff giving people their medicines.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were recorded in their support plans along with any associated risks and instructions for staff to meet those needs safely. When people required a special diet, this was accommodated by the service. For example, staff were fully aware of who required their meals to be pureed or if they needed soft food to ensure they safely ate their meals.
- There was emphasis on people having access to tasty and healthy food. For example, one person had food through a Percutaneous Endoscopic Gastrostomy (PEG). Their support plan noted they could have oral taster foods that had been pureed. Staff clearly recorded what the person had been offered to ensure staff were regularly offering this to vary the person's opportunity to try various foods.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet people's individual needs and preferences.
- The registered manager showed us plans in place to ensure bedrooms were updated as and when this was needed.
- The garden was well kept and offered people space to be outside and use facilities such as an adapted swing and a trampoline. We saw people in the garden enjoying the sunshine on the day of the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were recorded in detail to ensure staff had all the information they needed to support and care for people effectively. People had 'passports' that were given to hospital staff when a person was admitted into hospital. These outlined the level of support they needed when at the hospital.
- The staff team worked closely with health and social care professionals to ensure people were supported in a way that maximised their well-being.
- The health and social care professionals were very positive about the support people received. Comments included, "They [staff] are very good at implementing any advice" and "The staff team and manager keep me informed with updates on a regular basis and have made timely referrals to our service to ensure that the residents receive the appropriate support/assessment."
- Information provided by health care professionals, such as speech and language therapists, was incorporated into people's support plans. This meant that staff followed guidance from those professionals trained to offer the correct type of support people required.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke highly of the staff team. They gave us positive feedback on how caring and kind staff were. Comments included, "Everything staff do is extraordinary" and "[Person] is very well looked after."
- A health care professional gave us positive feedback about the care and support people received. They told us, "The team regularly advocate for the rights of people with learning disabilities and encourage client's family members to be involved in best interest decisions."
- Staff demonstrated their awareness of people's likes and dislikes. They could describe how people communicated what they wanted, and we saw staff took time to listen to people, giving them time to respond to staff.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups of people that are protected under the Act. Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. For example, the registered manager confirmed staff supported a person to attend a club for people with the same heritage.
- Whilst no-one using the service was in a relationship with another person, staff ensured people had personal time alone in their bedrooms which enabled them to have the space to do what they wanted to do in private.

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

- Relatives confirmed they were involved in the support their family member received. They described how staff ensured they asked people for their views and knew how people showed what they liked and disliked.
- Throughout the inspection we could see that people were at the heart of what staff did. We saw that staff involved people in making decisions about what they did with their time. Staff interacted in a professional and caring way, making jokes with people, offering them the chance to spend time with staff or listen to music.
- Staff considered where they spent their time so that could check on people's welfare. We heard staff deciding together who would take people out into the community and who needed to stay in the room to ensure people were safe.

Respecting and promoting people's privacy, dignity and independence

- The service applied the principals and values of "Building the Right Support" and other best practice guidance. These ensure that people who use the service can lead a full a life as possible and achieve the best possible outcomes that include control, choice and independence. The provider ensured this happened through staff offering people choices about their everyday lives, when needed by observing people's body language and recognising when people enjoyed taking part in an activity and when they were unhappy.

- Staff recognised the importance of people seeing their family as much as possible. For one person their family struggled to visit them, and so staff took the person on a regular basis to spend time with family. Staff also picked up the person's parents to bring them to the service when the community musician was running music sessions. This helped promote social relationships and supported family members who might otherwise might have little contact with others.
- Staff actively encouraged people to be as independent as possible. For one person when they moved into the service they initially chose not to participate in their personal care routines. Staff worked with the person and with a lot of encouragement they now clean their teeth, wash and dry their face and hands. They now support themselves with small appetizers such as taster foods, which meant they could decide when they eat and how much without staff assisting them.
- Another example of people gaining independent skills was where a person had chosen not to walk but rather move around the service on the floor. Over a period, with staff encouragement, the person started to walk independently, made their own drinks and with staff support participated in meal preparation. They had previously not spoken words and now used a range of words to express themselves. All these changes gave the person the chance to learn new skills and communicate decisions about how they wanted to lead their lives.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There were regular reviews of people's care records and review meetings were held to ensure the staff continued to meet people's needs. Relatives confirmed they were always invited to review meetings so that they could contribute their views on the service.
- Staff were very responsive to people's changing needs. One person had become unwell during the inspection and we saw staff respond to the change in the person's needs quickly. The management team quickly liaised with the relevant professionals and took action when they deemed the person required an assessment at the hospital.
- Staff understood the Accessible Information Standard and people's communication needs were highlighted in people's support plans. Staff could tell us how different people expressed themselves and we saw throughout the inspection that staff took time to listen to people, note the sounds they made and looked at their body language. One relative described how staff had spent a lot of time getting to know how their family member communicated. They said, "Staff soon got to know their likes and dislikes and how they communicated."
- A health care professional commented favourably on how staff communicated with people. They told us, "The team adapt their communication to meet the individual needs of the client. The team use short, simple phrases and key words when communicating with client's who are able to understand simple verbal communication."
- Technology was in place to ensure people were safe and staff could respond quickly to any changes. For example, one person had an epilepsy alarm in their bedroom which would alert staff if the person was having a seizure so that staff could support the person without delay.
- We saw that people were supported to have positive and meaningful everyday lives through access to activities and services such as, social and leisure activities. They were helped to develop and maintain good relationships with their family, staff and others who lived in the service.
- A relative confirmed staff supported the person to attend hydrotherapy sessions with them. This was helpful for the relative who wanted to be a part of these sessions but needed the help of a staff member.
- A community musician who visited the service gave us positive feedback on the care people received. They told us, "They [staff] are forthcoming with relevant information about the wellbeing, characters, and preferences of each resident that ensures I can approach the sessions in the best way possible." They added that the staff "Have been very receptive to my ideas and observations."

Improving care quality in response to complaints or concerns

- Relatives said they had no complaints but would talk with the registered manager or manager if they had any issues. They told us if they ever had a complaint they were confident they would be listened to. One relative commented, "I know staff would act on any complaints and investigate any issues."
- The registered manager explained the provider's complaints policies and procedures were available for

people in a pictorial version, easy to read format and via a DVD.

- Records showed there had been no complaints about the service but there were systems in place to ensure any complaints would be dealt with appropriately.

#### End of life care and support

- The registered manager informed us there were no people receiving end of life support at the time of our inspection. People's end of life wishes had been documented, if people and their relatives wanted this noted.
- The manager confirmed that end of life care training had been provided to some staff and this would be offered to all staff who had since joined the staff team.

# Is the service well-led?

## Our findings

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

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

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

- Relatives said they could contact the registered manager or manager if they needed to. One relative told us, "I feel the service is well run." They went on to comment that the manager was good at advocating on behalf of people to ensure they received the best possible care.
- Staff showed innovation when supporting people. For some people, who live with epilepsy, they required a particular medicine when they have a seizure. Staff researched and found waterproof bags that enabled staff to keep the medicine on them whilst they supported people in the pool. This information was then shared with the provider's other services so that they could use these.
- Staff were passionate about supporting people to lead a varied life. One staff member said, "The aim here is to enrich people's lives and to give them choices." Another staff member said, "The best thing about here is people are happy."
- We observed a service that was run smoothly and the registered manager and manager were motivated to run a caring and effective service and they lead by example, showing care and compassion for the people living in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a clear plan on how to adapt the management structure. The manager was going to become a registered manager and the current registered manager was to continue working as the area care manager for the service.
- Staff were very satisfied with how the service was managed and the support they received. One staff member said "This is the best place I have ever worked in."
- The management team had ensured relevant reasonable adjustments had been put in place when required. This was to ensure staff had individual support that allowed them to fulfil their duties effectively. Additionally a health care professional complimented the support staff received and said, "Bembridge House is by far and away the most supportive employer."
- The culture of the service was one of encouragement and recognising when staff had worked well. The deputy manager described how approximately twice a year the staff team reflected and recorded the positive attributes of individual staff. This promoted staff to think about what their colleagues did well and to thank staff for all their hard work.
- The manager received ongoing support from their line manager and met with other manager to share information and best practice. They had just completed a leadership and management level five diploma course and a 'lead to succeed' course to strengthen their knowledge base and learn new skills to manage

the service.

- A range of audits were completed by the registered manager, manager and staff team. This included, monitoring when people's records needed to be reviewed, checks on health and safety, medicines and the day to day running of the service. Additional audits were carried out by the provider and the trustees also visited the service and reported on their findings so the manager could act on any areas identified for improvement.

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

- There was positive staff morale with staff saying they felt valued.
- Staff told us they felt listened to and able to contribute to the running of the service. This was done through daily handover meetings, staff meetings and one to one supervision meetings.
- The provider planned for satisfaction surveys to be given out later in 2019.
- People were involved in the care they received and relatives confirmed they were kept informed of any changes to their family member's needs.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure the support people received was appropriate. One health care professional told us, "Staff have enthusiasm to take on responsibility in managing patients feeding tubes. For example, several staff have been trained by our nutrition nurses in how to change gastrostomy tubes when required. This helps to make our service more efficient, by reducing the number of home visits required of our nutrition nurses for whenever a tube may come out unexpectedly."
- A health care professional commented on the positive work the staff team carried out in the service. They also highlighted how "The manager leads by example and supports the team to provide care and engages with the residents regularly." In addition, they commented, "I believe this is an excellent service."
- Another health care professional also spoke highly about working in a collaborative way with the staff team. They said, "Communication between staff and me is excellent."