White Horse Care Trust

White Horse Care Trust - 12A Masefield Avenue

Inspection report

12A Masefield Avenue
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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

Overall summary

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.

White Horse Care Trust – 12A Masefield Avenue provides residential and nursing care for up to six adults who have complex physical and learning disabilities and associated health needs. People using the service were supported to access activities both within the home and their local community.

A registered manager was employed by this service. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was supported by a home manager who was responsible for the day to day running of the home. The registered manager was not present during our inspection. We met with a senior nurse and spoke with the home manager the following day.

The aim of White Horse Care Trust was to provide support to enable the people using the service to live fulfilling lives as independently as they were able. Staff were knowledgeable of people's preferences and care needs. Staff we spoke with explained the importance of supporting people to make choices about their daily lives.

Throughout the day we saw staff interacting with people with kindness and compassion. Staff always informed people about what they were doing and what was going to happen next. People who were unable to verbally express their views appeared comfortable with the staff who supported them. We saw people smiling and laughing with staff when they were approached. People were offered choices about what they would like to wear that day, what meal they wanted and activities they would like to be involved with.

Staff monitored people's physical and emotional wellbeing and ensured support was in place to meet their changing needs. Where necessary, staff contacted health and social care professionals for guidance and support. Health and social care professionals were positive about the way staff met people's needs.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report any concerns they had. Staff we spoke with were confident that any concerns raised would be fully investigated to ensure people were protected.

Relatives and health and social care professionals said staff were 'competent' and were knowledgeable about the needs of the people they were supporting. Staff said they felt supported and received regular supervision.

The registered manager and the home manager had systems in place to monitor the quality of the service provided. Staff were aware of the organisation's visions and values and spoke about being 'proud' to work at 12A Masefield Avenue. The legal requirements on the service, such as protecting people's liberty, were understood and met by the management team and staff. People's rights were therefore recognised, respected and promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe. Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure that people received their medicines safely.

There were risk assessments and systems in place to ensure that people's environments were safe and equipment was maintained.

Is the service effective?

Good

This service was effective. At this inspection we found that people received effective care and support to meet their individual needs.

People were supported to have enough to eat and drink. There were arrangements in place for people to access specialist diets where required.

Staff received regular supervision and support they needed to meet the needs of the people they were supporting. This included identifying and meeting on-going training and development needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of this. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

This service was caring. People were treated with kindness and respect. Relatives told us they were very happy with the care and support their family member received.

Some people were unable to verbally express their views. We saw they appeared comfortable with staff, smiling and laughing.

Staff had detailed knowledge of people's needs and preferences. This meant that people were treated with dignity and as individuals.

Is the service responsive?

Good

This service was responsive. People received care and support which was individual to their wishes and responsive to their needs. Support plans recorded people's likes, dislikes and preferences. People, as much as they were able, and relatives were involved in developing and reviewing these plans.

People were supported to access opportunities within their community and take part in activities within their home. Staff provided support to meet people's social and spiritual needs.

There was a system in place to manage complaints. Relatives we asked said they knew how to make a complaint and would be comfortable raising their concerns. They were confident that any concerns would be listened to and acted upon.

Summary of findings

Is the service well-led?

Good

This service was well-led. There was a positive culture at 12A Masefield Avenue. Staff were aware and understood of the values they were working towards. This included keeping people safe, promoting their independence and ensuring people received care which met their individual needs. These values were monitored through people's supervisions and observations of working practices.

Staff, relatives and health and social care professionals said they found the home manager approachable. Staff felt supported and told us they felt able to challenge poor practice.

The provider carried out regular audits to monitor the quality of the service. Learning also took place following incidents. Any actions needed were taken promptly.

White Horse Care Trust - 12A Masefield Avenue

Detailed findings

Background to this inspection

At our last inspection in April 2014, we did not identify any concerns about the care and support being provided at that time by 12A Masefield Avenue.

This inspection was carried out by two adult social care inspectors. Before the visit 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. Before the inspection, we asked 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 plan to make. We spoke with the home manager who informed us that they had not received a request for this information. We reviewed monitoring information sent to us by the local authority.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed three support plans, staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

People using the service were not able to tell us in any detail what they thought of the service. We spent time observing people in the kitchen and communal areas. Following the visit we spoke with three relatives about their views on the quality of the care and support being provided. We also contacted five health and social care professionals who have worked with the service. During our inspection we spoke with the three nurses, one of who was the shift leader, two senior support workers and three support workers. We spoke with the home manager the following day.

Is the service safe?

Our findings

Relatives said they felt their family member was safe living at the home. One relative said "I know they are alright there. If I have any issues I can pick up the phone. I don't need to worry about their care."

People living at 12A Masefield were safe because the service had arrangements in place to ensure people were protected from abuse and avoidable harm. The risk of abuse to people was minimised because there were clear policies and procedures in place to protect people.

Staff had access to safeguarding training and guidance to help them identify abuse and respond appropriately. They told us they had received safeguarding training and training records confirmed this. One staff member described the actions they would take if they suspected abuse was taking place. Staff told us they felt confident in raising any concerns they had about poor practice and that the manager would act on their concerns.

There were risk assessments in place to enable people to take part in activities which minimised risk to themselves and others. Each person had a register of risk assessments. This ensured that staff had appropriate information to keep people safe when they delivered care to the person and when the person took part in an activity. Staff told us they were confident the risk assessments kept people safe while enabling them to make choices and maintain their independence. One person liked to use the water bed and a risk assessment was in place which described how the bed should be maintained and checked before use and how the bed should be used.

Records and procedures for the safe administration of medicines were in place and being followed. Storage was safe and records were kept of storage temperatures to make sure they were within required limits. There were appropriate storage facilities and means to record controlled drugs prescribed to people living in the service. Some prescription medicines are controlled under the misuse of drugs legislation. These medicines are called controlled drugs or controlled medicines. Examples include morphine. There were safe systems in place for the storage of medicines until they could be disposed of.

Every person who received support with their medicines had an appropriate risk assessment in place. We looked at two people's medicine records in detail. They were accurate and balances of their medicines matched with records. People also had comprehensive guidelines for medicines taken as and when necessary (PRN). There had not been any medicine errors but staff were able to explain what they would do should an error occur. A GP would always be contacted for advice in the event of a medicine error or if people were refusing to take their medicine. Training records confirmed staff had received training in the safe management of medicines. Nurses had responsibility for the administering of medicines and undertook a yearly competency assessment to ensure good practice. A review of people's medicines took place every year with the GP to ensure that people continued to receive the correct medical treatment.

There were enough skilled and experienced staff to ensure the safety of the people who lived at the home. The lead nurse explained that they were responsible for organising the nursing rota. They said there would always be a minimum of one nurse on each shift. The home manager organised the support worker rota and would then ensure that there were would be four support staff on duty to support the nurse. If cover for staff absences was required then this would initially be sought in-house. The home sometimes used agency to cover. The lead nurse told us they would always ensure that they were supported by an experienced member of staff. Where possible the home would try to get regular agency staff who had previously worked at the home to ensure care was consistent. If people's needs changed the home would provide training and were proactive in ensuring that there was a good skill mix across the team. Staff were respected and supported by the management team. They said, "It can be a physically demanding job and it is ok to say no if we don't want to do additional hours. There is a really good work-life balance for staff so we don't work long shifts, which is good. I also think there is enough staff to safely provide care for people."

When agency workers were employed in the home, staff told us that there was a detailed handover of information, particularly around allergies and food intolerances so that people received a safe and consistent service. Agency workers were asked to read the care plans to make sure they understood how the person preferred their care routines to be carried out and to get to know the person's likes and dislikes.

Is the service safe?

The layout of the building promoted people's independence, dignity and safety. All of the bedrooms had double doors which meant that people in wheelchairs could easily and safely go into the room without knocking the person or wheelchair against the door frame. Each bedroom had plenty of space for moving around and there was suitable storage to ensure that people's possessions were kept secure. The hallways, lounge and kitchen were spacious and we saw that people moved around freely, either in their wheelchair or using a walker.

The use of colour and lighting in the home promoted a relaxed environment. The doors in the hallways and cupboard doors in the lounge had brightly painted flowers on extending the length of the doors. The lighting had been arranged so that some areas of the home had uplighters to diffuse light, making the light softer.

Is the service effective?

Our findings

Relatives and health care professionals spoke positively about the care and support people using the service received. One relative said "The staff really know (name) needs. They have a good relationship with him which means I don't worry." A healthcare professional told us "Any advice or guidance I give is always followed up by staff. They really participate in the dialogue of how best to support someone."

Staff were aware of their roles and responsibilities. A staff member we spoke with said the home attached a lot of importance to the quality and skills of their staff. They were very happy with the support and training they received. This included training such as safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards, health and safety and moving and handling. Records showed staff had attended additional specific courses such as building relationships and communication and supporting people who had visual impairments. This supported staff to provide specialist care to people to meet their needs. An induction process was available for new staff which included reading care plans, the service's policies and procedures and shadowing more experienced staff members. The home manager monitored training. Their training programme identified when training had taken place and when it was due to be updated. This ensured that staff kept up to date with best practice.

The provider worked alongside other health and social care professionals such as speech and language therapists and physiotherapists who provided specific guidance and training to support the effective delivery of care. Staff had attended 'intensive interaction' training provided by the speech and language therapist. This is a technique which supports staff to create meaningful interactions with the people they are supporting. Some aspects of the technique involved staff using imitation and vocalisation to interact with the person. Care records contained guidance of how to support people to engage with this. Throughout the day staff interacted with people in line with this guidance.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 which allow the use of restraint or restrictions but only if they are in the person's best interest. We found the provider was meeting the requirements. Staff had received training in this area. We spoke with staff who were aware of the definition of restraint and their responsibilities in protecting people who lived in the home from unnecessary restraint. A staff member told us "the straps on the wheelchair and the neck support are in a way, restraints but they are necessary to keep people safe from falling out of their wheelchair and to be able to keep their neck upright." Each person had a best interest meeting around this which involved staff, occupational health, the family and the person.

People had access to food and drink throughout the day and staff supported them as required. We observed a staff member supporting a person with a peg feed (percutaneous endoscopic gastrostomy) which is used when people are unable to swallow or to eat enough. To maintain the person's dignity, the staff member made sure the person's protective apron covered the area where the peg was inserted. We saw the staff member was gentle, reassuring and chatted to the person throughout. At one point, we saw the person became restless and the staff member took immediate action to relieve their discomfort before continuing.

A health care professional told us that staff were 'very good' with supporting people with their food and fluid intake. They said if individuals were experiencing any problems in this area then staff were always willing to work with them to look at causes and solutions. They said any guidance they gave in this area was always followed by the staff.

We saw food and fluid charts were in place which documented regular food and fluid intake for people who required this to be monitored. Where required referrals for specialist support such as dieticians had been made. People's weight was also monitored to ensure that they were receiving enough nutrition to maintain a healthy weight.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. Relatives told us the home was 'very good' at organising the required health appointments. They said they were always informed of appointments which gave them the opportunity to attend if they wished to. They said the home would always let them know the outcome of any appointments they had been unable to attend.

Is the service caring?

Our findings

Some people were able to express their experiences of living in the home and how they felt about the staff that supported them. People were very positive about the staff. One person gave us a huge smile and waved their arm when we asked how they got on with their keyworker. Another person looked at their keyworker and gave a pretend grimace, then burst out laughing before giving the 'thumbs up'.

Staff told us people had developed caring relationships with each other. If one person came into the lounge then others would acknowledge them. When a particular person went into the lounge, another person who they got on really well with, would put their hands in their air and shout 'woo woo' to greet them.

Staff said that although people had different personalities with their own likes and dislikes, they were tolerant of each other and their choices. They gave an example of people not agreeing with each other when football matches were on the television, because not everyone liked or wanted to watch football. Staff said people found other things to do or went into their bedroom to watch their programme of choice.

The atmosphere in the home was peaceful, happy and easy going. People looked very well cared for and relaxed in each other's company. Staff supported people without rushing and promoted a friendly environment, involving people in what they were doing. During the lunch time we heard lots of laughter coming from the kitchen. One person was deciding who they wanted (staff member) to support them with lunch. Staff told us this was a 'standing joke' as the person would pretend not to eat their lunch until the person they had nodded to, supported them.

When staff spoke with people we saw they were kind and took the time to listen and ensure that people could express themselves. Some people were able to verbalise certain words or sounds, others communicated through eye contact, facial expressions and by arm movements.

When staff communicated with people during activities or when providing care we saw this was a two way interaction. Staff listened and responded in a way which enabled the person to participate in conversation, such as, mirroring the facial gestures of people, varying the tone of their voice, holding the person's hand or talking about things the person liked or found humorous.

When staff entered the communal rooms, they acknowledged and spoke with people in a respectful manner. Before staff carried out any personal care or intervention we saw they asked the person's permission and explained what they were about to do. We observed staff using a hoist to lift a person from their wheelchair to the floor mat. Staff were caring and ensured the person was ready at each stage of the manoeuvre. Later, we saw another care worker asking a person if they would like to wear a protective apron, they waited until the person had given their consent which they did through eye movements and nodding their head.

During the day we spent time in the main lounge and the kitchen. We saw the interactions between people and staff were caring and respectful. Staff had an in-depth understanding of how the person communicated and their individual needs. We observed one person who was sat in their wheelchair in the lounge. The care records for this person stated that they became upset over sudden movements or noise and this was to be avoided. We saw that before the care worker approached the person, they forewarned them by saying "Hello, it's (name of staff member), I am just coming up to you".

Staff told us each and every one of them had formed close bonds with the people they cared for. A staff member said "We form very trusting relationships with the guys, it's about building up a rapport with the person and empowering them to make their own choices". Staff we spoke with knew people well including their preferences and personal histories. One person really enjoyed attending church each week, which they did with a member of staff. The staff member told us that although they did not share this person's faith, they supported them by joining in with singing the hymns and would remain seated during the service as the person was a wheelchair user. They told us "That way (the person) won't feel left out".

We looked at care plans which demonstrated that people and their families had been involved in writing up and reviewing them. The care plans stated the likes and dislikes of the person and how they wished their care and support to be given. The things which were important to the person

Is the service caring?

had been documented as well as how care staff should support them. A staff member told us "We support young adults who have the same needs as every one of us, it is really important that we enable people to express these needs such as, their sexuality and for this to be done in a dignified way."

Staff told us families could visit whenever they wished and people went out with their families for lunch, day trips, visits to the family home and holidays. People were encouraged to maintain family relationships, including being supported to acknowledge their families' birthdays and anniversaries. We saw a reminder in the staff communication book that one person's parents would soon be celebrating a wedding anniversary. The person's keyworker was to support them to choose a card to send.

Staff told us and care plans evidenced that people were encouraged to be as independent as they could be, in the things they choose to do each day, what to wear, what they liked to eat and staying in contact with their family. During our inspection, a care worker told us one person was going out to 'get some fresh air'. They told us the person would not decide where they were going until they left the home. This enabled the person to be able to choose which direction they wanted to go in. A favourite pastime was to visit the local school to see the animals the school looked after.

During our observations we saw the care and support offered was individualised and person centred. We saw two staff members supporting a person to make a choice of what T-shirt to wear that day. The person was not able to verbalise but was able to indicate their choice by eye movements and facial gestures. The staff member took out two T-shirts from the wardrobe and put the person's hands on each of the T-shirts so they could feel the texture of the shirt. They stood either side of the bed and held up the T-shirts so the person could look at them before selecting the one they wanted. A staff member said " It is important for people to be given the time to make their own decisions about things that matter to them, after all, as a young adult they like to take pride in their appearance." We looked at this person's care records which reflected staff were following the care plan as directed.

Is the service responsive?

Our findings

Family members told us they were involved in the planning and reviewing of their relative's care and support. They were happy with the level of activities available to their relative and felt it met their individual needs. One relative told us "They go out as much as they can. (Name) likes to go to church each week and they support him to do this." Another relative said "They are always striving to do the best they can. I feel (name) has enough activities with the balance of (name) being able to spend some time alone."

Before people moved into the home, a comprehensive pre-admission assessment was carried out to ensure that the home could meet their needs. Staff told us that many of the people who lived in the home had moved in as part of their transition from children to adult care services. Planning and preparation had taken place whilst people were still under the care of children's services. This enabled the person, their family and health and social care agencies to be involved to ensure the home would be suitable. For people who moved into the home as an adult, their health, emotional and social needs had been assessed prior to moving in.

Care plans had been developed with people, their families and the staff. The care plans clearly showed people had been involved. They were individualised and said how people wished their care to be given, their preferred routines and stated how staff should support the person to make their own choices. One person's care plan stated 'I will purse my lips when I say 'No' and I will blink my eyes when I say 'Yes'. Another person's care plan stated they were only to be given two choices at a time to prevent them from becoming confused. A staff member told us they thought the detail given in the care plans really did enable them to understand and respect the wishes of the person.

People's care records contained a 'my life book', which gave lots of information about the person, where they were born, their family and what was important to them. There was a detailed health care plan for each person which the lead nurse looked at daily and which was reviewed monthly to ensure people's health needs were being met and that staff were following the plan. The care plans and risk assessments were reviewed every six months with the person, their family and staff.

People received support from professionals such as the specialist learning disability team where needed. Each person's care plan documented who the professionals involved were, when the person's care was reviewed by them and guidance for staff on how to deliver specific care and support. We saw evidence referrals had been made to professionals when staff had identified a need. For example, one person was seen by a dietician and due to their health needs, staff were given guidance to offer a choice from a range of foods in consultation with the dietician. This was clearly recorded in the person's care plan and a care worker was able to talk about what foods this person could eat.

The home had taken steps to make sure the person's needs were responded to in the event they went into hospital. Each person had a health in hospital care plan which also gave information on how to support the person to make decisions about their care and treatment.

A staff member explained how the service is organised so they can respond to people's needs. As people were wheelchair users, it was important they had timed positional changes to maintain good health and comfort. If certain activities had been planned, they may not always take place because the timed positional change routines took priority. That day, one person had decided they wanted a 'lie in', staff respected this and rearranged the times of that day's activities. The care worker told us staff needed to be flexible because sometimes they would 'miss the window of opportunity' for an activity and would need to negotiate with the person an alternative activity.

We spoke with people and their keyworkers who told us they (people) liked to go out and do things in the community. One person loved football and gave a positive response when we asked them what team they supported and if they went to watch matches. Other people used the local hydrotherapy pool and took part in trampolining. Staff told us they would go out of their way if there was something the person wanted to do and needed that extra support. One person liked to go to the 'Rowdy Bunch' social club which finished quite late at night. An additional staff member was provided so the person could be collected and driven home.

The use of technology had given one person in the home control over some aspects of their daily living. A 'hands free' light system was set up in their bedroom so they could decide when to turn off the light to go to sleep.

Is the service responsive?

People were supported to say if they were unhappy with their care. A care worker said “the guys will tell us if we don’t do things the way they want, we have a really good team here and we all know the personalities of each person; we would know if they were in pain or were not happy with something”. During the inspection we saw many examples of staff asking people how they were, if they were comfortable and if they wanted to do something different. People had access to an advocacy service should they need it. The provider took account of complaints and there were clear procedures in place to ensure complaints were responded to in a timely manner. Relatives we spoke with all told us they knew how to make a complaint. They said they would feel comfortable raising any concerns they had and felt these would be responded to by the manager.

Is the service well-led?

Our findings

There was registered manager in post who was supported by the home manager. Relatives said they knew the management team and told us they felt comfortable speaking with them. Staff said they felt supported and found managers approachable. They said they could raise any concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt supported in their role with some staff saying they felt 'proud' to work at 12A Masefield Avenue.

Staff were aware of the organisations visions and values. They told us their role was to support people to live fulfilling and independent lives. They said it was about giving the person 'individual personalised care and for them to be a part of their community'. One staff member told us "Staff really work hard to provide a good service. I'm proud to work here. The lads receive high quality care, everyone cares."

Staff we spoke with felt that knowing the people they support ensured people were treated with dignity and respect. An example of this was when people required personal care. A staff member told us this would always be done in private and if staff knew this task was taking place then they would not enter the person's room until they had finished.

We found the management operated an on-call system to enable staff to seek advice should an emergency arise. This showed management advice was present 24 hours a day to manage and support any concerns raised.

Staff meetings had been held at the service. The meetings provided an opportunity for staff to feedback on the quality of the service. There were feedback forms available for visitors to complete. One relative told us they had completed one of these when they had first become available but had not completed one recently. Relatives said there was an 'open door' policy within the home and they could visit anytime they wanted. They also said they could provide feedback during their family member's yearly review or at any other time during the year. Staff and relatives all spoke positively about being able to feedback their views and where necessary have these acted upon.

Health and social care professionals said they found management and staff approachable. One health professional spoke positively about their interaction with the nursing staff. They said they felt the nurses had "strong clinical skills" and "good leadership". They said communication was good between themselves and the home and that staff would email for advice if they were "struggling" with a task the professional had directed them to do.

We spoke with the clinical nurse lead who explained how they monitored best practice. They said that nurses each had an area they specialised in. For example one nurse was a lead in epilepsy. They would then offer training within the home and be able to monitor staff's working practices to ensure they were competent. They could also offer additional support and mentoring should staff need this. The clinical nurse lead said this also afforded the specialist leads the opportunity to create networks with other providers, where they could share and discuss best practice.

The culture of the service was monitored through supervision. Discussions took place on the values of the service and ensuring staff were aware of putting people using the service first. This was also included as part of the induction. New staff were 'buddied' with more experienced staff who were role models to ensure new staff members understood the culture of the service.

The provider had a system in place to monitor the quality of the service. This included monthly audits completed by the home manager. The audits covered areas such as training, care plans, management of medicines, infection control and staffing and supporting staff. The audits showed that although the service was meeting the standards at the time of our inspection they had identified areas where they could improve further. These had been identified in an action plan which was reviewed monthly as each audit was completed.

All accidents and incidents which occurred in the home were recorded and analysed. We saw staff had recently had concerns relating to the moving of a person which was causing their backs to ache. This had been discussed at a recent team meeting. A referral to the physiotherapist had been made to support the moving and handling of this person to help the situation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.