

The White Horse Care Trust

# White Horse Care Trust - 89 Pavenhill

## Inspection report

89 Pavenhill  
Purton  
Wiltshire  
SN5 4DA

Tel: 01793771373  
Website: [www.whct.co.uk](http://www.whct.co.uk)

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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

89 Pavenhill is registered to provide accommodation and personal care for up to three adults with learning disabilities. At the time of our inspection there were two people living in the home. The home is a bungalow with a communal lounge and dining room, with an accessible kitchen. The bedrooms are spacious with shared bathrooms. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

At the last inspection in January 2016, the service was rated as 'Good'. At this inspection we found the service 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.

People received a person centred service which met their needs. They were supported to make choices about their daily living. People continued to have access to a variety of social activities both within the home and the local community.

The provider acted within the principles of the Mental Capacity Act 2005 to ensure people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to be cared for safely. The staff had assessed risks to people's wellbeing and taken action to minimise these risks whilst still promoting people's independence. There were procedures in place to protect people from the risk of abuse. Staff were aware of their responsibilities to report any concerns should they suspect abuse had taken place or the person was at risk of harm.

People enjoyed the food at the home and were able to make choices about what they ate and drank. Staff worked alongside other health and social care professionals to ensure people's healthcare needs were met. People's medicines were managed and administered safely.

People were cared for by staff that were well trained, and supported to ensure they had the correct knowledge and skills to meet people's needs. Safe recruitment practices were undertaken to check staff suitability. There were enough staff to meet people's needs and keep them safe.

The provider carried out regular checks and audits of the service to address any risks, identify areas for development and make improvements. The service had a clear process for the handling of complaints.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remained Effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remained Caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained Responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained Well-Led	<b>Good</b> ●

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## **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 03 January 2018 and was announced. We informed the service of our inspection the day before. We did this because people who use the service are often out and we wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. 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 both people using the service to seek their views about the care and support they received. We contacted one relative to gain their views on the quality of the care and support being provided to their family member. 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 spoke with the registered manager, deputy manager, area care manager and one

member of staff.

# Is the service safe?

## Our findings

People continued to be cared for safely. Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. We observed that staff followed safe working practices. People who needed assistance to move or walk around the building were supported appropriately with the correct equipment, such as a walking frame or hoist.

The provider had suitable safeguarding procedures in place to protect people from the risk of harm or abuse. Information was easily accessible for staff about how what actions they should take should they suspect abuse had occurred. Staff were aware of their responsibility to report any concerns and were confident that the management team would listen and take appropriate action. They had received regular training in the safeguarding of vulnerable adults which they said supported them to identify the different types of abuse and the signs they should look for.

There were processes to ensure people were protected by the prevention and control of infection. We found all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Cleaning responsibilities were identified in cleaning schedules which staff signed to say when tasks had been completed. Hand towels and soap were available in the communal toilets.

People continued to receive their medicines as prescribed and in a safe way. Medicines were stored securely and appropriately. Staff had received regular training regarding administration of medicines. Medicine Administration Records (MAR) we reviewed were completed correctly with no gaps. Stocks of medicines were regularly checked and recorded.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Whilst there had not been many incidents the registered manager told us reporting systems were in place which they told us assisted them to identify any patterns or trends. Any incidents were recorded on monthly manager's report which gave them an overview of the incidents which had occurred that month. They said this information would then be used to see if any lessons could be learned and changes to care practices made.

There were sufficient staff to meet people's needs. The deputy manager explained that staffing levels were flexible depending on what was happening on the day. They said there was usually only one staff member on duty but if people's needs changed or there was a day trip organised then more staff would be allocated to that shift.

Staff told us they felt there was sufficient staff on duty. They said that when staff were on annual leave or sick, cover was always organised. We observed people did not have to wait for care and were supported as and when they needed. Staff took their time and care and support was not rushed.

The provider had procedures in place to ensure that only suitable staff were recruited. These included

inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). 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.

## Is the service effective?

### Our findings

People's nutrition and hydration needs were being met. Where required staff regularly monitored food and drink intake to ensure all people received enough nutrients in the day. Staff regularly consulted with people on what type of food they preferred and ensure foods were available to meet peoples' diverse needs and preferences. Information about people's likes and dislikes and nutritional needs were recorded in individual care plans.

During the inspection we saw people had access to hot and cold drinks throughout the day. People were regularly offered drinks and snacks in-between meal times. People were given choices about what they wanted to eat at mealtimes. We asked people if they enjoyed the food and they told us "Yes". One person told us "I like the food. I like beans. " We saw the person had chosen to have this food as part of their lunchtime meal.

Staff worked with other health and social care professionals to ensure people received effective care. People were supported to attend appointments with appropriate healthcare professionals, such as GPs, consultants and occupational therapists to maintain their health and well-being. People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had individual hospital files. These contained specific information regarding people's medical history and communication needs to support nursing staff should the person be admitted to hospital.

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 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. Where required staff had assessed people's capacity to make decisions about the care and support they received. There was information on supporting people to make daily choices and decisions about the different aspects of their care. There was evidence in people's care plans to show they or a family member had been involved in planning their care. Where require authorisations for DoLS had been submitted to the appropriate local authority and were kept under review to ensure the care practices remained the least restrictive.

Staff remained knowledgeable about MCA and were able to explain how they applied it when supporting people to make decisions. We observed people being offered choices during our inspection and being supported to make decisions on what food they would like to eat, activities they wished to attend and what clothes they had wanted to wear that day.

People were cared for by staff that were well trained and supported. People continued to receive care from staff that had the skills and knowledge to meet their needs. Staff had access to appropriate training and refreshers as required. 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 epilepsy and diabetes.



The service had a very stable staff team and therefore no one had recently undertaken an induction. The registered manager explained new staff members received a comprehensive induction to their role. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. Induction also included staff shadowing experienced staff members.

The staff had regular individual and team meetings with their line manager to discuss their work, personal development and training. We saw records of this meeting which showed staff were given opportunities to discuss their personal development and any aspects of their work they felt was working well or not so well.

The environment was suitable to meet people's needs. People had personalised their bedrooms with their own belongings. They had chosen how they wished their room to be decorated. Bathrooms had been adapted and had appropriate equipment to support people to be able to access these areas independently. Some areas of the home did not look so well decorated and the paint work looked tired. We spoke with the registered manager who told us they were looking to seek funding for some planned decoration.

## Is the service caring?

### Our findings

People when asked said they "Liked staff." A relative we spoke with had no concerns about the care and support their family member received. They described the staff as "Brilliant" and said they were always welcome at the home. Our observations of interactions between staff and people using the service where that they were kind, caring and respectful. Staff approached people in a friendly manner seeking consent before undertaking any care or support.

People appeared relaxed and comfortable in the presence of staff and did not hesitate to seek support as necessary. The atmosphere in the home was relaxed and friendly with jokes and laughter being shared. People were free to move around the home. They could choose if they wished to spend time in the communal areas or to have quiet time to themselves.

People were cared for by staff who respected their privacy and dignity. We observed staff discretely asking someone if they required support, respecting their decision to refuse. Staff told us personal care was delivered in bedrooms and bathrooms and they made sure people were always appropriately covered to preserve their dignity.

People continued to be included in all conversations between staff members and staff did not talk about anything people could not be included in. Staff clarified information being discussed to people to help them understand the conversation. People had been advised that an inspection would be taking place. One person answered the door on our arrival and welcomed us in to their home. They had been offered the choice of going to their usual day time activity or staying for the inspection. They had chosen to stay and meet the inspector and be involved in the day. There was a real feeling of inclusion.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history and their cultural background. People's religious needs were recorded in care plans. Records showed that where people were of a different nationally the provider had liaised with the person's family to identify if there were any specific cultural needs they needed to meet.

People were supported to be independent where they were able. Care plans described if people could undertake care tasks for themselves and what additional support they may require. Care plans reflected people's preferences on how they wished to receive their care and support. Staff were knowledgeable about people's care and support needs. Staff were able to give a detailed history of the people using the service.

People were encouraged to express their views by attending the team meetings if they wished. Records showed when people had chosen to attend the meeting where they had been asked how they felt about the care they received and if they wished to change anything. One person had responded by saying they were "Happy" with the service received and they had "Loved the Christmas party."

We spoke with the registered manager and deputy about how they ensured people were treated with

kindness, respect and they received emotional support. They explained that this was monitored through observations of staff's working practices. This was also discussed with staff during team meetings or supervisions. The registered manager, who was not based full time at the home, said they also visited the service at different times of the day to monitor how staff were supporting people. The deputy manager worked alongside staff.

## Is the service responsive?

### Our findings

Each person had a care plan which was tailored to meet their individual needs. These were personalised and included information about people's preferences and how they wanted their needs met. For example, care plans contained information on people's preferred daily routines which included what time they liked to get up, whether they wanted a shower or a bath and what activities they enjoyed taking part in. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being. Care plans were regularly reviewed and updated as required.

People's care plans reflected the support they needed in terms of their age, disability, religion or sexuality. For example, the representative from the local church visited each month to give communion to those people who wished to take part.

People had communication passports to identify their information and communication needs. The passports identified how the person communicated and how best to communicate with them. Information for people was available in accessible formats. This included an easy read statement of purpose and complaints procedure. These documents were made available to people accessing the service. Staff explained how they also used picture cards to support people to choose which meals they wanted when menu planning.

People continued to be supported to maintain their independence and community involvement. This included people being supported to follow their interests and take part in social activities. People were supported to access their local community which included the local shops and facilities. People attended a local day centre during week days and a 'coffee and chat' morning held in the village each week. The service continued to involve the local community by inviting them to fund raising events held at the home. Time spent at home was either spent going on day trips or doing activities of their choice in their home.

People were supported to maintain and develop relationships with people that mattered to them and avoid social isolation. Family and friends were invited to social functions held at the home and were also able to visit anytime. People also had opportunities to meet up with friends during their daily activities.

One person had a particular interest in the royal family. The person had been supported to write to the Queen regarding her upcoming birthday and to share information about special events occurring in their life. This had resulted in the Queen's representative writing back to the person thanking them for their well wishes. When we spoke with the person about this it was evident from their smiles and responses that they were extremely pleased to have received this letter. The letter was framed and hung in the person's bedroom.

The service was not currently supporting anybody with end of life care. Whilst there was some information to support how people may wished to be cared for, people's preferences and their choices for how and where they wished to be cared for during illness and end of life care needed to be identified with the person and those who knew them well. The registered manager deputy and area care manager acknowledged that

this was an area that needed some development.

There was a policy in place for dealing with complaints effectively. This was available in an easy read format. Whilst there had not been any complaints since our last inspection the deputy manager showed us the system where any complaint received would be recorded and investigated. People were supported to share their views during daily chats with staff where they could raise their concerns. One staff member told us if they had concerns that someone was indicating they were not happy with the service they were receiving, they would report this to the management. A relative we spoke with said they had no complaints but would feel able to raise any concerns if necessary.

## Is the service well-led?

### Our findings

There was a registered manager in post. The day to day running of the service was overseen by the deputy manager who was supported by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to monitor the quality of the service and identify areas of improvement. These included checks and audits carried out periodically throughout the year. We saw records of audits covering areas such as infection control, fire safety, the safe management of medicines and care planning. Members of the senior management team also visited the home periodically. Records of their observations were noted and any actions required identified. Staff members' training was monitored by the deputy manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified.

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.

The service worked in partnership with other agencies to ensure people received appropriate support and consistent care. The service worked closely with people's day services and health professionals to ensure they shared relevant information and also kept up to date with any changes with the person's needs.

The deputy manager continued to be proactive in promoting a positive culture within the home. The deputy manager and staff had maintained strong links with the local community, which included local groups held in the village and the local church. This enabled people to continue to feel part of the local community and make friends. The service continued to organise special events such as Christmas parties or summer fayre at the home. Monies made from the fundraising were put into the homes activities fund, which was then used to provide people with more opportunities for socialising and activities of their choice, for example day trips or holidays. The service also made a donation to a local charity from funds raised. The president of this charity had attended their recent Christmas party to receive the cheque. One person using the service had given a speech during the presentation.

All staff we spoke with said they felt supported by the management team and the organisation. They all spoke positively about the support they received.

To keep up to date with best practice the registered manager explained they received regular supervision which gave them the opportunity to discuss their professional development. They also attended any

training required of their role. They attended a monthly meeting with registered managers from other homes within the trust. They said this gave them the opportunity to share ideas and discuss working practices.

We discussed with the registered manager and deputy manager what they felt their key achievements had been within the home. They explained that whilst nursing someone back to health had been a key achievement it also remained a challenge to ensure that when the person was unwell they continued to have the appropriate support in place .

The management continued to operate an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire or loss of utilities such as gas or electric.

Providers are required by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.