

The White Horse Care Trust

White Horse Care Trust Domiciliary Care Service

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

White Horse Care Trust Domiciliary Service provides care and support to six people with learning disabilities living in the community.

This service provides care and support to people living in 3 'supported living' settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People said they felt safe. Staff knew how to keep people safe. Risk assessments were in place and we saw examples of positive risk taking. These enabled people to be as independent as possible whilst maintaining their safety. Incidents and accidents were reported and analysed. Safe recruitment processes were undertaken. Medicines were managed safely.

Staff had been trained to carry out their roles. They had regular supervision sessions with a line manager and all said they felt well supported. 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. One relative said "Staff could have wrapped [person's name] in cotton wool, but they didn't; they've empowered him."

People told us staff were "brilliant" and "very kind and very helpful." Relatives said "The staff are great." Staff spoke positively about their roles.

Support plans were person centred and clearly detailed people's preferences and choices about how they wanted to be supported. People were involved in writing and reviewing their plans. One person said "I want to be more independent in the future. The staff know that and are helping me with it." There was a complaints procedure in place; this was also available in an easy read format.

The values of the trust were embedded in the day to day running of the service. Staff said management support was "excellent". There were robust quality assurance systems in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Safe	Good ●
Is the service effective? The service remains Effective	Good ●
Is the service caring? The service remains Caring	Good ●
Is the service responsive? The service remains Responsive	Good ●
Is the service well-led? The service remains Well-Led	Good ●

White Horse Care Trust Domiciliary Care Service

Detailed findings

Background to this inspection

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

This was a comprehensive inspection. The inspection took place on 18 May and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services. The registered manager is often out of the office supporting staff or providing care. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. The registered manager was not present during the inspection because they were on holiday, but had arranged for a deputy manager to be available for us.

The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in 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.

During the inspection we spoke with two people using the service, two relatives, one of the deputy managers and four members of staff. We also received written feedback from one other person using the service and two relatives. We reviewed three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People received a safe service. They told us "I feel safe living here" and "Staff give me all the information before doing an activity for example, when I'm out and about staff, touch me on my arm to help me to cross the road." A relative told us "We know [person's name] is safe."

Staff were trained to keep people safe from avoidable abuse. All staff knew how to report any concerns. One member of staff said "I make sure people are safe; such as when we go shopping. I'll check their receipts with them and help them check they've got the right change." One relative said "It's really good that staff have supported [person's name] to balance their own finances."

Risk assessments were in place for areas such as food safety, fire safety and keeping safe when out alone. These focussed on maximising people's independence. For example, staff had supported one person to travel alone in a taxi. One member of staff said "We get a female taxi driver for them, and tell the driver to speak slowly as the person is a bit deaf. They've got a mobile phone and they know how to use it." Another person had a plan in place for if they had a seizure when out alone. They had an SOS bracelet and had attended training so that they knew what to do if they were unwell. One staff member said "If people want to do something a bit risky, we will work them to take positive risks." Another said "We make sure people are safe and well looked after without being over protective. We're here to guide and prompt."

Safe recruitment procedures were followed. These included inviting potential staff 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.

People using the service were involved in the recruitment of staff. One person said "I helped recruit the deputy manager." A relative said "[person's name] has been involved in staff interviews. He likes to have people working there with similar interests to him."

There was enough staff on duty to meet people's needs. Staff said the rota was worked out depending on people's plans for each day. The deputy managers and the registered manager also worked with people when required. One relative said "The manager had employed four new members of staff to support [person's name] with herself being hands on as well."

Medicines were managed safely. People we spoke with said they kept their medicines in their rooms. Staff said some people needed prompting to take their medicines verbally. Other people liked to have a list of things they needed to do each day, including taking their medicines. We saw one of these checklists in place and saw the person had ticked a box to confirm they had taken their medicines. People had booklets that explained what medicines they were taking and the reasons why. When people went out for the day or longer, there was a process in place for counting medicines out and back into the service. Some people

made the decision to sign to say that had taken their medicines, but others had declined to do this. Regular stock checks of people's medicines were carried out. There were no recorded medicine incidents.

Other incidents and accidents were reported. When incidents occurred, lessons were learnt. For example, one person's shower door was changed to a shower curtain in order to ensure their safety.

The homes we visited were clean and tidy. People told us they had household chores they were responsible for, including housework.

Is the service effective?

Our findings

People's needs and choices were assessed and regularly reviewed. One relative said "The manager has worked many shifts with [person's name] and as a manager that is invaluable, building a working knowledge of him, which in turn helps with all aspects of his care."

Staff were trained to carry out their roles. There was a matrix in place which showed that staff were up to date with their training. Staff spoke highly of the quality of training provided. One said "The training here is absolutely fantastic." Several staff spoke about the 'virtual autism' training they had received and said it had positively impacted on the way they supported people. One member of staff said "I'd never had autism experience before, so I was a bit apprehensive. But this is the best place for training from any company I've ever worked at." Staff also attended other training relevant to their roles, such as non-abusive, psychological and physical intervention (NAPPI).

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. All of the staff we spoke with said they felt supported. Comments included "When I have a supervision I can add things to the agenda that I want to discuss. It's a good platform to bring our ideas" and "I have regular supervisions with the manager. I can talk to her about anything." One member of staff who was new in post said "Being a lone worker can be a bit stressful, but any problems I know I can pick up the phone. I feel well supported."

People using the service told us they were involved in planning their own menus for the week. Some people did their own shopping and meal preparation. Other people had staff support with this. One person said "We made a nice fish pie the other day from scratch". Another person said "I can do my own menu, write it on paper then give to staff to check it for me and then stick that on my kitchen cupboard for the week." One person said staff were supporting them to lose weight. A relative told us their relation couldn't cook before but that staff had supported them to learn to do it by themselves. Another relative said "[Person's name] is eating really well, with a varied thought out menu - trying new things and on the whole enjoying them."

People had access to ongoing healthcare. Hospital Passports and Health Action Plans were in place. When needed, staff supported people to make appointments. Staff said they would go to health appointments if people wanted them to. One said "One person was too scared to go to the hospital for some treatment, so I said I would go with them and stay with them. I took them to the hospital, went into theatre with them, and stayed with them in recovery. Afterwards they said they couldn't have done it without me." One person using the service said they had been having nightmares and staff had contacted the GP for advice. They said "Staff got the doctor involved. They got me some tablets to help me sleep and I had a good night last night."

Staff remained knowledgeable about the principles of the Mental Capacity Act. People using the service had the capacity to make their own decisions and staff supported them with this. Staff we spoke with said "We explain the consequences to people and let them decide" and "We explain things in a format people understand, such as pictures. We talk to people about unwise decisions and how to keep safe." People said

"Staff help me to make decisions" and "My keyworker gives me a hand with decisions and stuff I'm not too sure about." One relative said "The staff support [person's name] to make decisions. They also encourage and support him with poor decisions too. They make sure he's ok."

Is the service caring?

Our findings

The White Horse Care Trust domiciliary care agency supported six people to live as independently as possible in their own homes. Prior to the inspection we telephoned the service and asked them to seek permission from the people using the service for us to visit them at home. This was to give us an opportunity to speak with people using the service to find out how they felt about the care and support they received. One person was on holiday on the day of our inspection and one was on a day trip to London. We met and spoke with two people and one other person was supported by staff to email us their feedback.

People were treated with kindness and respect by staff. All of the interactions we saw and heard were positive. Staff were respectful of the fact they were working in people's homes. For example, one member of staff said to one person "Would you like to show [the inspector] around? It's your home after all." People using the service were relaxed around staff; they were smiling and happy to talk with us.

People spoke highly of the staff. Comments included "Staff make me laugh and they help me. Staff have a joke with me" and "Staff are brilliant, I get along with them, they help me with my problems when I get stressed. I trust them and always appreciate what they do." Another person said "The staff are all kind and helpful. [Staff name] is like a mother figure to me."

People's relatives also spoke highly of the staff. They said "The staff team are very consistent. We couldn't be happier with the support [person's name] gets" and "The staff have helped so much, supporting [person's name] to interact with people more, helping him with skills and supporting him to be more independent." One person had only recently begun to receive support from the service. Their relatives said "Staff have already, in a few short weeks, exceeded our expectations of care."

Staff were passionate about their roles. One staff member said "Seeing people achieve and accomplish things is brilliant." Another said "I'm very passionate about what we do here. I know the care is good because I tell people to come and speak to me straight away if they're worried about anything. I'm really happy here. I've found my forever job."

One relative said "As far as I'm concerned the care has been exceptional. I wouldn't change a thing." Another said "I would absolutely recommend the service. For people who can be supported in the community, this really is a great service for them."

Is the service responsive?

Our findings

People were involved in the support planning process. One person said "I get involved. I write in my plan and on the weekly planner." The plans we looked at showed that people had been present when the plans were written and reviewed. One member of staff said "I'm a keyworker for one person, and they change their own plan. For example, they changed the section on what they liked to eat." One relative said "[person's name] typed his own support plan. It's totally person centred." Another relative said "We get involved in reviews."

Support plans were person centred. They contained details of people's choices and preferences about how they wanted to be supported. They detailed the assistance people needed and what they wanted to achieve. For example, some people wanted to be able to travel around independently. One person told us "I can access the community with the support of staff. When I go to work I can go in the taxi there and back. I have just started to do this on my own." One member of staff said "I really enjoy helping people achieve their goals."

Plans in relation to people's emotional needs were detailed and provided staff with clear guidance on how to support people when they were upset or anxious. One staff member said "The plans are constantly updated. I read them all the time so that I know how to support people."

People's routines were documented, such as when they liked to get up, the days they worked or went to college, what television programmes they liked, and what they preferred to eat. One person we met was on a day off from work and staff said they chose to get up later on these days. Another person we met was due to go to work later that morning. They said "I love animals. I work at a cattery and I'm hoping to start at the horse centre soon".

Staff explained how they had supported people to become more independent and to expand their choices. One said "It's about helping people to try new things. One person only ever used to eat a few things. Now they try lots of different foods." One relative said "Staff have supported [person's name] to gain new skills. He now does his own washing and ironing, and does chores around the house."

People had weekly planners in place which they were involved in. We saw one of these in one of the houses which showed what people had planned in their calendars. One staff member said "One person hates to miss their favourite motorsport on television so we put it on the planner so they don't double book." Staff said they supported people to choose what they wanted to do and where they wanted to go. One person said "I go swimming, bowling, and go to the pub to meet friends." Another said "I talk to staff about which activity I would like to do with my friend or with staff. Staff contact my friend to arrange a time and place to meet up at a convenient time, then support me to carry out my activity like bowling."

People had access to a full and varied social life. They told us they were able to maintain contact with friends and family. One said "My keyworker helps me plan special dates with my boyfriend." Another person said "I still want my family to be a part of my life. They can come and visit me here or sometimes I'll go and stay with them." One member of staff said "We look at places to go with people, ask them what they want."

Some people like to do the same things, so we will encourage them to do the things they like, but in a different place." Another said "We support people to go to the cinema, crazy golf, swimming, and explore new places in the community. We usually go for a pub meal at weekends."

The service had good links with the local community. The deputy manager told us they were a member of the local disability forum, and that they worked with a local organisation that supported people and gave them the skills and confidence they needed to move forward in education or work.

There was a complaints procedure in place. People were provided with an easy read version of this. People knew how to complain. Many compliments had been received such as a card which read "Thank you to all staff. You do a fantastic job."

Is the service well-led?

Our findings

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

Staff were aware of the provider's vision. Comments included "Our aim is to allow people to be independent and to support them to live the life they choose" and "We listen to people's goals and aspirations and help them to achieve what they want."

There were robust quality assurance processes in place. Regular audits of medicines management, infection control and care plans were carried out. When actions were noted there were clear timeframes in place for these to be completed, including details of who was responsible. We saw the latest local authority review report dated August 2017 and no recommendations had been made.

People using the service were regularly asked for their feedback in accessible formats. We saw the latest survey results from January 2018 when people had been asked what they liked, if they were happy and if they got to choose what they wanted to do. People had responded with comments such as "I'm happy", "All the staff laugh" and "I choose what I want to do." Although regular 'house meetings' did not take place, the deputy manager said staff met with people as a group if decisions needed to be made. They said "We needed a new blind for one of the houses, so we asked the people living there what type and what colour they wanted. We might also discuss ideas for days out."

Relatives of people spoke highly of the registered manager. One said "We would like to acknowledge [manager's name] maturity and empathy in understanding our motivation as relatives" and "She [the manager] is handpicking staff who she knows will work well with our relative."

All of the staff we spoke with said they felt well supported and valued. One member of staff said "I get listened to. They [the managers] really do value what you say. It's the first place I've worked where my input is fully considered and acted upon." Another staff member said "The manager is brilliant. She's approachable, very supportive and recognises and encourages staff progression" and "Everyone in the trust is supportive and friendly." One member of staff said "Moving to work for the trust has been a breath of fresh air."

The service had good links with the local community. People were supported to attend college, go to work and to socialise how they wanted to.