

The White Horse Care Trust

White Horse Care Trust - 92 Wilcot Road

Inspection report

92 Wilcot Road
Pewsey
Wiltshire
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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

92 Wilcot Avenue 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 service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

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

A registered manager was employed by the service but was not present during our inspection. Our inspection was supported by the deputy manager who has responsibility for the day to day running of the service. 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 care and support from staff who were kind and attentive. Both people said they liked staff. Any requests for support were responded to promptly. People looked relaxed and comfortable in the presence of staff.

Care plans were personalised and contained information on people's likes, dislikes and preferences. Care plans were reviewed regularly and updated when changes to people's care and support was required.

Risks to people's safety had been assessed and plans were in place to minimise these risks. Staff had the knowledge to identify safeguarding concerns and knew their responsibilities for reporting any concerns.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People had access to a range of activities which supported their hobbies and interests.

People were supported to eat and drink sufficient amounts. Staff supported people to plan their weekly menu and shop for the necessary food items. Staff told us whilst there was a menu plan in place, alternative meals could be sourced should people not want the option available.

Information on complaints was in an accessible format and discussed with people each month. The service held monthly meetings for people to share their views about the care and support they received.

Medicines were stored and managed safely. However where people required 'as necessary' medicines, the protocols for these were not personal. People were supported to access appropriate health and social care

professionals to maintain their emotional and physical well-being.

Sufficient numbers of staff were deployed to meet people's needs. The service followed safe recruitment practices. People were supported by staff who access to a range of training to ensure they had the knowledge and skills to meet people's needs.

Staff we spoke with said they felt supported and were positive about working within the service.

Whilst some audits were in place to monitor the quality of service and identify improvements, monthly manager reports had not been completed since December 2016. There were no records available to evidence senior management had undertaken any audits of the service. The area care manager was in the process of addressing this by completing a whole home audit.

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 remained Good

Is the service effective?

Good ●

The service remained Effective

Is the service caring?

Good ●

The service remained Caring

Is the service responsive?

Good ●

The service remained Responsive

Is the service well-led?

Good ●

The service remained well-led

White Horse Care Trust - 92 Wilcot Road

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 31 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with both people about their views on the quality of the care and support being provided. We sought feedback from three healthcare professionals who supported the service to meet people's care needs. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met both people who use the service. We spoke with the area care manager, deputy home manager and three care staff.

Is the service safe?

Our findings

Both people replied "Yes" when asked if they felt safe living at 92 Wilcot Road. One person told us "I like it here. The staff help me." This person also said they could talk to staff if they were worried.

People continued to receive a safe service. People were protected against the risks of potential abuse or harm. Information on what action staff should take should they have any safeguarding concerns was clearly displayed within the home. Staff had received safeguarding vulnerable adults training and were aware of their responsibility to report any concerns. Staff knew who they should report any concerns to and what actions to take should they suspect abuse had taken place. They said they would report their concerns to the deputy manager, use the on-call system or report directly to an outside agency such as the police, local authority or CQC. One member of staff told us "I would feel supported to raise any concerns I had. It would be the right thing to do."

Risks to people's personal safety continued to be assessed and plans put in place to minimise these risks. There was a range of risks assessments in people's care records which covered areas such as personal care, choking, accessing the community and food and drink preparation. Staff were able to explain the risk assessments that were in place to support people to remain safe. One member of staff told us "We all take risks. It is important we support people to still take risks but make sure they do it safely."

Medicines continued to be managed and administered safely. Only trained staff were able to administer people's prescribed medicines. Staff continued to undertake appropriate training and observation of their practice with medicines management. There were arrangements in place for the safe administering, recording and storage of medicines. We reviewed the medicine administration records for the two people using the service which showed that medicines had all been administered as prescribed. Where people were able, they were supported to independently manage their medicines. One person reminded staff of when they needed to take their medicines at the correct time. The service was supporting this person to hopefully be able to manage their own medicines in the future.

However where people required 'as necessary' medicines, the protocols for these were not personal to the individual. We spoke to the deputy manager who agreed to address this immediately.

There were sufficient staff available to meet people's care needs and keep them safe. The deputy manager explained that staffing numbers were flexible and regularly reviewed. For example, additional staff would be deployed if people were going out on a day trip and doing something separately. Staff told us appropriate cover was sought for staff absences where required. From observations we saw staff were available to support people as required.

Safe recruitment and selection processes were in place. Appropriate checks continued to be undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions

by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. People living in the home were also encouraged to take part in household tasks. All staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons. We found that all areas of the home were clean and free from any odours.

Is the service effective?

Our findings

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).

The deputy manager and staff remained knowledgeable about MCA and were able to explain how they involved people in making choice regarding their daily living. Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place. For example, when people were supported to make decisions relating to their healthcare. Meetings had taken place which evidenced the people who had been involved in supporting the decision making process. One member of staff explained they were aware of the information relating to mental capacity in people's care plans. They said "It is important for people to be able to make choices day to day about what they want to wear, eat and activities they wish to take part in."

The needs of people using the service were met by staff who had the right knowledge, skills and attitudes. Staff we spoke with said they had access to training appropriate to their role and this was regularly refreshed. New staff completed an induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. Records we viewed showed staff had received the necessary training to meet the needs of the people using the service.

One health professional told us "When my customer moved to the home, they felt they could meet her needs but I identified several knowledge gaps especially around mental health awareness and the related legislation. The home organised this training immediately following this being identified for the whole staff team allowing my customer to move in without further delay."

Staff continued to have regular one to one meetings with their line manager to discuss their working practices and personal development. Staff said they felt supported by management and could raise concerns or ask for support at any time.

People's health needs continued to be monitored by staff who ensured they received support and treatment from the appropriate health and social care professionals. The service ensured people were able to attend appointments and check-ups for all their health needs. Contact with health professionals such as the doctor, optician, or dentist was recorded in people's records, showing people's day-to-day health needs were met. People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had individual hospital 'grab' files. These contained specific information regarding people's medical history and communication needs to support nursing staff should the person be admitted to hospital.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Menu planning was

done with people in a way which combined healthy eating with the choices people made about their food. Staff told us people were involved in shopping for their food. They said whilst a menu plan was in place, if people saw something else they wanted whilst out shopping then the plan would be changed. Alternatives were also available should people not want the menu option offered. During our visit we saw people freely accessing the kitchen area for drinks or to be supported to make their meal. We asked one person what they thought of the food. They told us "I go shopping and choose my food. My favourite is jacket potato and tuna."

Is the service caring?

Our findings

People said they liked the staff. One person told us "I like staff. I help make my bed with staff. They are helpful."

The atmosphere at the service was relaxed and friendly. 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's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as CDs, ornaments and photographs. Supporting people to personalise their rooms created a homely feel.

People's privacy and dignity continued to be respected. Staff provided care in a way that maintained people's dignity and upheld their rights. When people received personal care staff told us they made sure this was done behind closed doors. One member of staff told us "I always shut the doors. I support the ladies in to the bathroom and will give them some privacy by going out for a short time to maintain their safety."

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable the inspector was visiting their home. We were introduced to each person and they were then supported to introduce themselves to us. Staff asked if they would like to show the inspector their rooms which gave us an opportunity to have a chat with people about how they felt living at the home.

Throughout the day we saw staff interacting with people in a kind and caring manner. Staff informed people about what was going to happen next. People were supported to share their views and make choices about their daily living. For example, when we arrived, one person was getting ready to go out to the day services. Staff supported this person to choose the coat they wished to wear. Another person was supported to choose and prepare their lunch. Staff gave guidance and what to do next and gave the person lots of encouragement to do things independently. They shared laughter and jokes during the meal preparation.

Staff knew people's preferences and were able to tell us about the people they were caring for and their needs. Care plans remained personalised and contained information on people's likes, dislikes and preferences to ensure people received care and support in their preferred manner.

One staff member told us "Caring can be a let down for people if you don't care for them in the way they want. It is important to include people in their care and value them."

One health professional told us "Staff clearly listen to what my customer wants to do and achieve and this is reflected in the obvious rapport she has with staff, especially with the deputy manager. The mutual respect is clear. Wishes are acted on wherever possible and my customer is encouraged to do things for herself and develop her independence skills."

People were supported to have access to advocacy services that were able to support and speak on behalf

of people if required.

Is the service responsive?

Our findings

Care plans contained comprehensive information on people's health and social care needs. They continued to provide detailed information on how to meet people's individual needs. They were centred on the person to ensure people received the correct care and support. For example, they included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their well-being.

People were supported by staff who knew them well and were responsive to providing care to meet their needs. We observed staff responded to requests for support promptly. Care plans were reviewed regularly and updated when changes to people's care and support was required.

One health professional told us "Staff have regular team meetings and supervision to share information relevant to the individuals in the house. A staff member is always present for every meeting and review so they are aware of expectations and the support plan and suggestions for changes to improve things. I feel that these are normally acted on and put into practice in a timely manner."

People were supported by staff to be independent where possible. One health professional told us "My customer is encouraged to do things for themselves throughout the day to build their independence skills. Staff will stay close and monitor or prompt as required depending on my customer's ability and motivation at the time."

People continued to be supported and encouraged to engage in services and activities outside of the home. For example, people accessed local day services and local facilities such as the library and shops. People had the opportunity to volunteer at a local charity shop and on the day of our inspection one person attended the shop with staff support.

The service had a policy and procedure for dealing with complaints. Information on complaints was in an accessible format and discussed with people each month. One person told us they would speak to staff if they were worried or unhappy about anything. Records we reviewed showed complaint were responded to in a timely manner.

Records evidenced that people were asked for their views during monthly resident meetings. This time gave people an opportunity to suggest changes to the menus, activities and to monitor any complaints people may have. This provided a way to assess people's satisfaction with the service and to make any changes as necessary. One member of staff told us "It is important that people are included in making decisions about what happens in the home. We try to support people to have the confidence to make their own choices."

Is the service well-led?

Our findings

A registered manager was employed by the service but was not 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.

The inspection was supported by the deputy manager who has responsibility for the day to day running of the service. The area care manager who was not present during our inspection was in the process of applying to become the new registered manager in place of the current registered manager who was no longer actively responsible for the service.

A health professional spoke positively about the management of the service. They said "There has been some recent problems with the registered manager being absent but the area manager with the deputy manager have worked together effectively to fill the void. They have always been approachable and the only concerns raised have been shared ones which they have handled well when required in relation to the customer I support."

The provider had systems in place to monitor the quality of service being delivered and the running of the home. These included in-service audits carried out by the deputy manager such as infection control, medicines management and fire safety. However audits which were meant to be carried out periodically throughout the year by the home manager and the senior management team had not been completed. Whilst in-service audits had been completed, monthly manager reports had not been completed since December 2016. A senior management audit had been undertaken in November 2016 but none had taken place since this date. The area care manager was in the process of addressing this by completing a whole home audit. A new system of auditing had been introduced called the Internal Quality Assurance Template (IQAT) which was currently being completed by the area care manager.

Documentation relating to people's care requirements were clear and regularly updated. Care plans and risk assessments were regularly reviewed which ensured they contained accurate and up to date information to support staff to meet people's needs.

Accidents and incidents were investigated and plans put in place to minimise the risks of reoccurrence. Records contained information of what actions had been taken to minimise the risk and reduce the risk of reoccurrence. Where required, changes to people's care and support had been made. For example, after a recent incident it had been identified that additional staffing would be put in place to support day trips out.

All staff said they felt supported and were positive about working in the service. Their comments included "I feel very supported. They are good at keeping me up to date with my training" and "Yes I get plenty of support. I love working here. We are informed of changes and can discuss any issues we have."

The service continued to have appropriate arrangements in place for managing emergencies which included fire procedures. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.