

The White Horse Care Trust

White Horse Care Trust Domiciliary Care Service

Inspection report

Washbourne House
77a High Street
Wroughton
SN4 9JU
Tel: 01793 846000
Website: www.whct.co.uk

Date of inspection visit: 12 October 2015
Date of publication: 24/11/2015

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

The White Horse Care Trust Domiciliary Care Agency is a supported living service providing people with a learning disability support to live their lives as independently as possible. Support offered varied from supporting people with meal preparation to shopping and managing finances. The registered manager explained that support

hours provided varied depending on the person's needs. At the time of our inspection three people were using the service who all lived in the same house. Flexible support was offered 24 hours a day for seven days a week.

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

When asked if they liked the support offered by the domiciliary care agency people said "Yes". People told us they felt supported by staff and could ask for help when needed.

There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare. People told us they felt safe living in the home.

The main focus of the service was to help people live their lives as independently as they were able. Staff had detailed knowledge of people's preferences and needs. They received training and supervision to enable them to meet people's needs.

There were enough staff deployed to fully meet people's health and social care needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

People's medicines were managed appropriately so people received them safely. People were supported to be independent and manage their own medicines were appropriate.

People were supported to eat a balanced diet. They told us they were supported to do their own shopping and prepare the meal of their choosing.

People were supported to access healthcare services to maintain and support good health.

The registered manager had systems in place to monitor the quality of service provided. People were encouraged to comment on how they felt about the service provided.

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?

This service was safe.

Staff knew how to recognise and respond to abuse.

Medicines were managed safely.

Sufficient staff were available to keep people safe and to meet their needs.

Good



Is the service effective?

This service was effective.

Staff were knowledgeable about the people they supported. They encouraged people to be as independent as possible.

Staff received the line management and support they needed to care for people.

People's health needs were assessed. Where required staff supported people to attend appointments with health care professionals. People were supported to eat a healthy diet.

Good



Is the service caring?

This service was caring.

People spoke positively about the care and support they received.

People were encouraged and supported to be as independent as possible.

People were involved in making decisions and planning their own care.

Good



Is the service responsive?

This service was responsive.

People had access to activities both within the home and their local community.

Support plans recorded people's likes, dislikes and preferences.

There were systems in place to support people to make complaints. People told us they would speak with staff if they were unhappy or worried.

Good



Is the service well-led?

This service was well-led.

People using the service had opportunities to comment about the service they received.

There was a registered manager in post.

The registered manager and provider carried out regular audits to monitor the quality of the service.

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.

The inspection took place on 12 October 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. At our last inspection in December 2013 we did not identify any concerns about the care being provided.

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) from the service. 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 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, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During our inspection we spoke with two of the people using the service. The third person declined to meet with us and this decision was respected by staff. We spoke with the registered manager, the deputy manager and two care staff. We also received feedback from a family member of someone who is currently looking to use the service.

Is the service safe?

Our findings

People we spoke with said they felt safe using the service. People were supported to understand what keeping safe meant. 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. For example people had a 'financial passport' to assist staff to support them to manage their finances safely.

People had assessments and guidance in place to support them to remain safe in their home and the community. It had been discussed with people what they should do if a stranger visited the home and how they should ask for proof of identification.

There were procedures in place to guide people and staff on what to do in the event of a fire. People had a personal emergency evacuation procedure which detailed what support they required in an event of a fire. For example whilst one person recognised the fire alarm they still required a prompt from staff to leave the building.

Accidents and incidents were clearly recorded and reviewed by the registered manager to ensure they had been responded to appropriately. They also used them to identify any trends or patterns that may be occurring. Changes had been made to some support plans and risk assessments as a result of reviewing incidents.

Staff had access to safeguarding procedures and training to help them identify abuse and respond appropriately. Staff we spoken with described the actions they would take if they suspected abuse was taking place. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Any concerns about the safety or welfare of a person were reported to the registered manager who investigated the concerns and reported them to the local authority safeguarding team as required.

Only staff who had completed a medicines administration course were able to administer people's medicines. Safe practices for the administering, storing and disposing of medicines were followed. All medicines were stored safely and in a locked cupboard in people's rooms. All three people using the service took responsibility for administering their own medicines. There were assessments in place to support people to manage their medicines.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider's recruitment policy. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. 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. The registered manager explained that candidates would be invited to meet the people using the service. If they were happy with the person, they would then proceed to a formal interview before any offers of employment were made.

There was enough qualified, skilled and experienced staff to meet people's needs. The registered manager explained that there was always a minimum of two staff on duty during the day to support people. This could increase depending on what activities people were taking part in. We looked at the home's roster which indicated there was a consistent level of staff each day.

Is the service effective?

Our findings

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

The registered manager explained that capacity assessments had not been undertaken as people were able to make decisions and choices based on their daily living. They said if decisions needed to be made regarding such things as medical interventions, and they were not confident the person understood the choices, then a mental capacity assessment would be carried out with the person. They would then look at holding a best interest meeting involving people involved with the person to support the decision making process. People were not restricted on when they could leave the home.

People we spoke with said they were supported to maintain a healthy diet. Staff supported them with menu planning and then to shop for the food required. Although all three people lived in the same house they all cooked the

meal of their choice independently. Staff said people each chose their evening meal and if required were supported to prepare it. One person told us "I pick what I am going to eat every week. My favourite is sausage stew and lasagne."

Where necessary staff contacted health and social care professionals for guidance and support. Each person had a health action plan and hospital passport that identified their health needs and the support they required to maintain good health. This supported staff to ensure people had the contact they needed with the relevant health and social care professionals. One person told us "When I am not feeling well, staff will help me go and see the doctor."

Staff received regular training to give them the skills to meet people's needs, including an induction and training on meeting people's specific needs. The registered manager had systems in place to identify training that was required and ensure it was completed. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Records also demonstrated staff had completed training that was specific to people's needs, including the needs of people with autism.

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had.

Is the service caring?

Our findings

The White Horse Care Trust domiciliary care agency supported three people to live as independently as possible in their own home. 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 in their 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. On the day of our inspection one of the people decided they did not want us to visit them in their home. This was respected by staff and arrangements were made for the other people to come and talk with me at their head office.

People told us they were “Happy” with the care and support they received. One person told us “If I’m worried I will tell staff how I’m feeling. They look after me well.” “I love living in (home’s name), I love everything about it.” People told us they could make the home their own living space which included personal pictures and ornaments.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to visit family and friends. One person told us “My best friend and boyfriend come to visit. They sometimes come for dinner.”

People were included in planning their care and support. People were involved in making choices and decisions about how they lived their life. Staff told us that people could make decisions they needed to on a day to day basis. To support this staff gave people information in a way they could understand. This included using pictures and easy read formats. People told us they were involved in planning their care. One person told us “I have a support plan that staff go through with me.”

People had access to local advocacy services although staff told us that no one was currently using this service.

Is the service responsive?

Our findings

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. For example what time the person liked to get up, how often they liked to shower, what support the person required and what they were able to do independently. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. There was evidence people had been involved in writing their care plans and people had signed to say they agreed with what was written. The plans were regularly reviewed with people using the service.

There was a section in each person's care plan which looked at how to support people with their emotions. For example in one person's care plan it detailed how best to support them when they were distressed or anxious. It also included an opportunity for the person to be supported to discuss their day. This discussion was recorded in the person's 'opportunity plan' with their agreement. If they did not want to discuss their day then staff respected this.

People were supported to follow their interests and take part in social activities. Whilst people planned their

activities each week staff said this was flexible and people could change their mind each day. One person worked at the domiciliary care agency head office each week. They told us "I like working and opening the post." Two people were also going on holiday in the coming week. They told us they were looking forward to the holiday with one person being "Excited."

People were consulted about the care and support they received. Residents meetings were held with staff support every month to discuss things such as activities they would like to do and responsibilities relating to their tenancy agreement.

The service was currently in the process of setting up services for two individuals who wished to live together and receive support from the domiciliary care agency. Feedback about how responsive the service had been included "(The registered manager) has been without prejudice outstanding in her enthusiasm and professional conduct throughout the process; she has also been both supportive and informative to myself and the family of the other gentleman whilst being empathic and professional."

There was a clear complaints procedure which was available in an accessible format. People we spoke with told us they would speak to staff if they were unhappy or had any concerns.

Is the service well-led?

Our findings

There was a registered manager in post. Staff were aware of the organisations visions and values. They told us their role was to support people to be as independent as possible. A staff member told us “I love my work, watching and supporting people to develop and become more independent.”

Satisfaction questionnaires were sent out regularly asking people and their relatives their views of the service. The results of the 2015 survey had been received and collated by the provider and the registered manager was waiting to see if there was any feedback which related specifically to their service.

People were asked for their feedback periodically throughout the year. This was done in an accessible format. People were asked to comment on such things as how they felt about services provided, did they know how to make a complaint, could they choose what they wanted to eat and drink and did they have access to enough activities.

The registered manager spent time working alongside staff to give them feedback on their performance. There were records of active observations which focused on how the member of staff had interacted with the person they were supporting. The registered manager explained that this constructive feedback helped to ensure staff followed best practice when supporting people.

Staff members’ training was monitored by the registered 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. Staff told us they received the correct training to assist them to carry out their roles.

The service carried out regular audits to monitor the quality of the service and to help inform and plan improvements. These audits included infection control, management of medicines, care plans and training. Where improvements were required this was put on an action plan which was reviewed each month to monitor progress.

There was evidence learning from incidents / investigations took place and appropriate changes were implemented. The registered manager reviewed records of accidents and incidents to see if there were any trends or patterns. They recorded actions taken and any changes to people’s care and support.

We discussed with the registered manager any plans they had for improving the service in the coming year. They told us they were hoping to become an accredited provider with the national autistic society. They were also looking to develop opportunities for people to access activities. The service was also looking to expand and was currently assessing the needs of two individuals.

To keep up with best practice the registered manager met monthly with other managers to discuss and share working practices. They also went to a local learning exchange network attended by other providers where they could share experiences.

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.