The White Horse Care Trust

White Horse Care Trust - 12A Masefield Avenue

Inspection report

12A Masefield Avenue
Swindon
Wiltshire
SN2 7HT

Tel: 01793497715
Website: 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

12A Masefield Avenue is registered to provide accommodation with nursing and personal care for up to six adults with learning disabilities and associated health needs. At the time of our inspection there were six 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 September 2014, 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 home 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 from staff who had got to know them well. People's care was not rushed enabling staff to spend quality time with them. We saw that people were treated with kindness and compassion in their day to day care.

People were supported to have maximum 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.

Care and support plans were personalised. People's needs were reviewed regularly and as required.

People had a range of activities they could be involved in. In addition to group activities staff provided individual support as required.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting any concerns they had. Risk assessments were in place to protect people from the potential risk of harm or abuse.

There were safe medicine administering systems in place and people received their medicines when required. People's care records showed relevant health professionals were involved with people's care. People's changing needs were monitored to make sure their health needs were responded to promptly.

Staff were aware of people's dietary requirements. Where required people had access to specialist diets and guidance was in place to ensure staff met these needs accordingly.

People were supported by staff who had received training and support to maintain their skills and

knowledge. The service followed safe recruitment practices to ensure staff were of good character and suitable for their role.

There were quality assurance systems in place which enabled the provider, registered manager and home manger to assess, monitor and improve the quality and safety of the service people received. A system was in place for people and their relatives to raise their concerns or complaints. Any complaints were investigated promptly by the home manager.

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 Good	**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**

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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 25 April 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. As the people using the service were unable to verbally tell us their views about all aspects of the care they received, we spoke with three relatives about their views on the quality of the care and support being provided to their family member. 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 all six people who use the service. We spoke with the home manager, two registered nurses, two care staff and a member of the housekeeping team.

Good

Is the service safe?

Our findings

People continued to receive a safe service. People were protected against the risks of potential abuse or harm. Staff had the knowledge to identify safeguarding concerns and had the confidence in senior staff that any concerns raised would be listened to and appropriate action would be taken to address the situation.

Staff continued to have the information they needed to support people to remain safe. Risks to people's safety had been assessed and plans were in place to minimise these risks. The risk assessments covered areas of risk such as malnutrition, safe moving and handling, pressure ulceration and personal care. Staff understood the risk assessments that were in place to support people to remain safe. One staff member explained how they were currently reviewing one person's risk assessments to ensure they remained safe whilst taking a bath due to some changes in their physical well-being.

Relatives told us they felt their family member was safe living in the home. One relative told us "I fell he is both safe and well looked after. If I didn't he wouldn't be living here. I work closely with the home which gives me peace of mind".

Medicines continued to be managed and administered safely. Only registered nurses or trained staff were able to administer people's prescribed medicines. There were arrangements in place for the safe administering and storage of medicines. We reviewed the medicine administration records for three people which showed that medicines had all been administered as prescribed. There was a record of medicines received into the home and returned to the pharmacist. Since our last inspection improvements had been implemented with regards to how medicines were audited and stocks were monitored.

There were sufficient staff available to meet people's care needs and keep them safe. The home manager and deputy manager reviewed the numbers of staff required to support people and adjusted these numbers as necessary. For example, additional staff would be deployed if someone required support to attend a hospital appointment. Staff told us appropriate cover was sought for staff absences where required. From observations we saw that 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 clear systems in place to monitor infection control, with monthly audits being completed. Staff had also completed training in this area. We found that 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 housekeeping staff signed when tasks had been completed.

Good

Is the service effective?

Our findings

People continued to have access to specialist diets as required. Where people had complex nutritional needs identified, appropriate external advice and support was sought and appropriate risk assessments were in place. For example, People using the service had a PEG (percutaneous endoscopic gastrostomy) which are used when people are unable to swallow or to eat enough. These people had all been regularly reviewed by the Speech and Language therapy team or dieticians and nutritional plans were in place in line with their advice.

Where people were able to eat orally alongside their PEG, staff supported them to eat a balanced and nutritious diet based on their likes and preferences. We observed one person being supported to eat their lunch. Staff supported them to eat at a pace appropriate to them, explaining what the meal was and offering encouragement when necessary.

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 home had arrangements in place to make sure people were able to attend appointments and check-ups for all health needs. Contact with health professionals such as the doctor or dentist was recorded in people's records. This showed 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 a 'Grab pack' which contained essential guidance for nursing staff and doctors on how best to support the person, should they be admitted to hospital. Relatives told us they were kept up to date with any changes to their family member's health and appointments they had attended. One relative told us how when their family was admitted to hospital the service provided staff to support the person during their stay. They said "With staff there he had a familiar face at his bedside at all times which was really good for him".

Feedback from healthcare professionals included "The team at Masefield are very prompt with involving other professionals, including GP and primary care services, specialist LD services and secondary care" and "Client's may have complex health needs which are met well at Masefield avenue, from meeting nutritional needs via PEG, regular postural management and complex skin conditions which may require treatment immediately. Clients have input from various professionals including physiotherapy and regular visits to Orthopaedic department. Staff support clients to relevant appointments and act on actions where appropriate and contact various healthcare professionals".

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 home manager and staff remained knowledgeable about MCA and were able to explain how they involved people in making choice regarding their daily living. We saw evidence of how people's best interests were taken into account if a person lacked capacity to make a decision. For example, when people were supported to make decisions relating to healthcare checks. All necessary DoLS applications had been

submitted by the registered manager.

People continued to receive care from staff that had the skills and knowledge to meet their needs. New staff members received a comprehensive induction to their role to ensure they were equipped with the skills they needed to support people appropriately. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction process also included staff shadowing experienced staff members. Staff spoke positively about training opportunities available. One staff member told us "The training we get is brilliant. There is always some training to be done and we get regular refreshers". Records showed staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was provided.

One health professional told us "Staff appear to understand and be competent and confident in meeting the resident's needs. They have been safe and effective with manual handling, hoist transfers and positioning. They have raised issues when they feel the residents equipment requires reviewing".

Staff spoke positively about the support they received. They told us they had regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; training and development opportunities and other matters relating to the provision of care for people using the service. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. They told us alongside the formal meetings they could also approach their colleagues for guidance and advice at any time.

Good

Is the service caring?

Our findings

Relatives spoke positively about the care and support their family member received. Comments included "The staff know him well. They have a good rapport with him and know what he likes and dislikes" and "Staff go beyond how we thought care would be provided in the way they know him. They genuinely care and do their best for them".

Throughout the day we saw staff interacting with people with kindness and compassion. Staff informed people about what they were doing and what was going to happen next. People who were unable to verbally express their views appeared comfortable with the staff who supported them. We saw people smiling and laughing with staff when they were approached.

We observed a registered nurse who was supporting one person with their PEG feed offer reassurance when the person became anxious. They explained what they were doing and stroked the person's hand whilst speaking with them. The person relaxed at this and was soon seen smiling.

However, we did see some occasions where staff did not explain to people what was happening. For example, people in wheelchairs were not always told they were going to be moved and where they were going to be moved to. As some of the staff present were agency staff the manager said she would address this with both permanent staff and agency staff to make them aware of the need to do this.

Staff knew people's preferences and were able to tell us about the people they were caring for and their needs. When staff spoke with people we saw they took the time to ensure that people could express themselves. Some people were able to verbalise certain words or sounds, others communicated through eye contact and facial expressions.

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 and at a pace appropriate for the person. One staff member told us "I was talk to whoever I am supporting. I try to be sensitive to how they are feeling and make sure they are comfortable". A relative said "The staff are always very dignified. His personal care would never be discussed in public. They are very respectful in that way".

Feedback from healthcare professionals included "Staff provide support and care in a private and individual way, sharing confidential information regarding needs with only those necessary" and "Privacy is ensured when personal care needs are being met. Staff have carried this out immediately when it was identified that a resident required support".

People continued to be supported to maintain important relationships with people that mattered to them. Relatives said they could visit at any time and were always made to feel welcome.

Good

Is the service responsive?

Our findings

Care plans continued to provide comprehensive, detailed information on how to meet people's individual needs. Information included their personal history, individual preferences, interests and aspirations. 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 health and well-being.

People had 'Life Books' which contained photographs of people and events which were important to the person. One person, with the support of staff, showed us their 'Life Book'. The staff member discussed with the person what was in the photographs. The result of this was much smiling and laughter between the person and staff member. The staff member explained that this was a useful resource to support conversations with people.

Relatives confirmed they continued to be involved in planning and reviewing their family members care and support. One relative told us "We have a review meeting where we can talk about how things are. I am always asked for any suggestions I might have about his care. We talk about aims for him such as having day trips in the summer. I feel really included".

People were supported by staff to be independent where possible. One health professional told us "Staff give opportunities for the residents to make choices and decisions as far as possible. The resident I worked with was provided with an electronic tablet to allow them to play games independently, which promoted their independent arm function".

People continued to be involved in various activities within the home and the local community. Each person had a timetable of structured activities which took place on certain days, such as swimming. The rest of the time people's activities were flexible to support their health needs. One staff member explained that if a person had been out to a concert the day before and had arrived home late then they may be tired the next day. Staff would observe how the person was and offer activities based on their well-being. One relative told us "They (staff) strive towards getting him out. A lot of consideration goes into providing him with opportunities. They have to be flexible with his health needs".

There was a complaints policy in place. Relatives told us they knew how to make a complaint and who to speak with. They said they felt they would be listened to and that any actions needed to resolve the situation would be taken. They said they had a good relationship with the manager and staff team. One relative told us "I wouldn't feel awkward raising my concerns. I raised some concerns before and was invited in by the manager for a chat. I know they will always act on anything I mention".

Good

Is the service well-led?

Our findings

A registered manager was employed by the service but was not present during our inspection. Our inspection was supported by the home 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.'

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included "Managers and staff are very approachable and although I haven't raised concerns they are open to alternative views" and "The manager is very approachable, we have a good working relationship, they deal and respond with concerns raised professionally and timely".

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the home manager and the senior management team. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed.

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

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. These were reviewed by the home manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and reduce the risk of reoccurrence.

A schedule of staff supervision, appraisal and training received was maintained to ensure staff had the appropriate skills and knowledge to do their roles effectively.

We discussed with the home manager, staff and relatives if there had been any improvements in service provision since our last inspection. Staff and relatives said that there were more varied activities for people to take part in. The service had also improved the process of reviewing medicines management and stock controls.

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.