The White Horse Care Trust

White Horse Care Trust - 5 Elcot Close

Inspection report

5 Elcot Close
Marlborough
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

Overall summary

5 Elcot Close provides accommodation for up to five people with a learning disability. The service is one of many, run by the White Horse Care Trust within Wiltshire and Swindon. At the time of our inspection five people were living in the home.

The inspection took place on 13 August 2015. This was an unannounced inspection. During our last inspection in October 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

The previous registered manager had recently left the service and the provider was in the process of recruiting a new manager. The home was being overseen by two area care managers and an interim manager who was

Summary of findings

supported by a deputy 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.

Whilst there were arrangements in place for keeping the home clean and hygienic to ensure people were protected from the risk of infections, we observed that dining room seating was worn down to the cushion. This meant that if there were any spillages the seating could not be wiped clean to prevent cross contamination.

Throughout the day we saw staff interacting with people with kindness and in a friendly manner. Staff always informed people about what was going to happen next, seeking consent before proceeding with any care or support. People who were unable to express their views verbally appeared comfortable with the staff who supported them. We saw people smiling and laughing with staff when they were approached.

Care staff demonstrated a good understanding of people's care needs. Staff were knowledgeable of people's daily routines and preferences.

People were supported to eat a balanced diet. There were arrangements for people to access specialist diets where required. There were snacks and drinks available throughout the day during our inspection.

People's medicines were managed appropriately so people received them safely.

The interim manager and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, and Deprivation of Liberty Safeguards (DoLS).

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

There were systems in place to respond to any emergencies or untoward events. The interim manager and provider had systems in place to monitor the quality of service people received.

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 had a good understanding of safeguarding and were confident in reporting any concerns they had.

Suitable numbers of staff were employed to meet people's needs. Safe recruitment practices were in place.

People's medicines were managed appropriately so people received them safely.

Good

Is the service effective?
This service was effective.

Care staff had access to the training and supervision they needed to meet people's needs.

People had plenty of food and drink available to them during the day.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

Good

Is the service caring?
This service was caring.

People were treated with dignity and respect by care workers and were supported to make day to day choices.

Relatives spoke positively about the care and support their family member received.

People were supported to maintain their independence as appropriate. There were opportunities for people to make day to day choices, such as what meals they wished to eat and participation in activities.

Good

Is the service responsive?
This service was responsive.

People were supported to access opportunities within their community and take part in activities within their home.

People received care which was individual and responsive to their needs. Support plans recorded people's likes, dislikes and preferences.

There was a system in place to manage complaints. People had access to a DVD on how they could make a complaint and pictorial guidance was available in people's bedrooms.

Good

Is the service well-led?
This service was well-led.

Staff were motivated, caring and received training appropriate to their role. Staff were positive about the support they received from management and other colleagues.

Good

Summary of findings

The provider carried out regular audits to monitor the quality of the service. Learning took place following incidents.

Staff understood of the values of the White Horse Care Trust. This included keeping people safe, promoting their independence and ensuring people received care which met their individual needs.

White Horse Care Trust - 5 Elcot Close

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 inspection took place on 13 August 2015 and was unannounced. One inspector carried out this inspection. During our last inspection in October 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

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. This included talking with three people and three relatives about their views on the quality of the care and support being provided. 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 three care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with two area care managers, the interim manager, the deputy manager and two care workers.

Good

Is the service safe?

Our findings

Whilst there were arrangements in place for keeping the home clean and hygienic to ensure people were protected from the risk of infections, we observed that dining room seating was worn down to the cushion. This meant that if there were any spillages the seating could not be wiped clean to prevent cross contamination.

Staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. A monthly audit of infection control was carried out. Staff could explain the procedures they would follow to minimise the spread of infection and how they would manage soiled laundry. We found bedrooms and communal areas were clean and tidy. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection.

People who use the service told us they felt safe. One relative we spoke with said "I feel he's safe living here. It's his home." There were processes in place to protect people from abuse or harm. Staff were knowledgeable in recognising signs of abuse and how to report their concerns. Any concerns about the safety or welfare of a person were reported to the interim manager or deputy manager. The interim manager told us any concerns raised would be investigated and reported to the local authority safeguarding team as required. They also told us that if they were unsure if a situation warranted a safeguarding referral they would speak to the safeguarding team to gain guidance on the appropriate actions to take.

Assessments were undertaken to identify risks to people who use the service. When risks were identified, appropriate management plans were developed to reduce the risk occurring. Risk assessments included supporting people to access community activities such as swimming, answering the front door to possible strangers and assessing people who were at risk of falling.

Staff took appropriate action following incidents to ensure people's safety. For example, equipment had been sought for one person to reduce the risk of them falling. Equipment included a walking frame to support the person when walking and some ramps for accessing the garden.

Only staff who had completed a medicines administration course were able to administer people's medicines. Safe practices for the administering and storing of medicines were followed. All medicines were stored safely and in locked cupboards. Medicines that were no longer required were disposed of safely and in line with the provider's procedure. Systems were in place for auditing and controlling the stock of 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. Potential new staff members would meet the people living at 5 Elcot Close informally as part of the interview process. The area care manager explained that during the informal part of the interview, candidates' interaction and their responses to people would be observed. This would give initial information on how they communicated with people. Records we looked at confirmed this. We looked at four 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.

There was enough qualified, skilled and experienced staff to meet people's needs. The deputy manager explained they were responsible for completing the roster to ensure there were always sufficient staff members on duty with the right skill mix. For example, due to their being three ladies in the house there would not be all male carers on duty at the same time. We looked at the home's roster which indicated there was a consistent level of staff each day.

Good

Is the service effective?

Our findings

People were not able to tell us themselves whether they believed that the staff who cared and supported them had the right skills to do so. A relative of a person using the service told us their relative was “Well looked after”.

People had access to food and drink throughout the day and staff supported them when required. One person was supported to make a choice about which drink they wanted. Staff showed the person the tea and coffee containers so they could see what was in each one. They then pointed to the drink of their choice. One person required a soft diet and their food was pureed. Staff were putting together a book of before and after photographs of food. This meant the person could see pictures of the meal before it was pureed to help them make choices.

We observed people during lunchtime. This was a relaxed and sociable occasion. We saw when one person had changed their mind about what they wanted for their lunch an alternative was sought. Where people wanted to, they helped with the preparation of the meals and drinks. We saw one person kindly make drinks for everyone in the home.

Where there were concerns with people’s food and fluid intake, monitoring records were in place and guidance sought from appropriate health professionals. We spoke with the interim manager regarding the recording of one person’s fluid intake. The records did not show when fluid had been offered and refused by the person. There were gaps in the recording which looked like the person had not been offered a drink for three or four hours. Our experience was that staff were offering drinks regularly throughout the day. We explained this would also help identify when the person was refusing drinks and also evidence that the person had been offered drinks during these times. They also said they would action this immediately.

People’s healthcare needs were regularly monitored. There were health action plans in place which detailed and recorded people’s specific needs, such as epilepsy or diabetes. There was evidence of regular consultations with health care professionals where needed, such as doctors and specialists. Concerns about people’s health had been followed up and there was evidence of this in people’s care plans.

There was a programme of training available and staff told us they felt they received the training required to meet people’s needs. Staff were up to date with their required training and the interim manager was aware of when people required refresher training in core subjects. Training included: safeguarding vulnerable adults, infection control and moving and handling. Where required staff had been able to access specialist training such as epilepsy awareness and dementia. We spoke with the deputy manager about how they monitored staff’s learning from training courses. They said as they worked alongside staff on shift it was easy for them to carry out observations of staffs working practices. They would also use supervision as an opportunity for staff to reflect on their learning and any additional learning they felt they required.

Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals. Staff knew about people’s likes, dislikes and preferences.

Regular supervision 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.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a ‘Supervisory Body’, the appropriate local authority, for authority to do so.

The interim manager and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best

Good

Is the service effective?

interests had been undertaken by relevant professionals. This ensured the decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, and Deprivation of Liberty Safeguards (DoLS). For example where a best interest meeting had been held regarding one person's medical treatment, we saw capacity assessments, minutes of meetings held and how the person had been involved as much as possible in the process.

Good

Is the service caring?

Our findings

People said they were happy living in their home. One person said “Staff are nice to me, I like living here.” Another person said “I like it here, staff help me.” Relatives we spoke with were complimentary about the care and support their relative received. They said the home kept them up to date with everything that was going on and they felt their relative was well looked after.

Members of staff asked each person whether they were willing for us to see their bedroom. People were happy to show us their bedrooms when asked by staff. People had been encouraged to make their bedrooms their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. One person we spoke with told us they liked their bedroom and had been able to choose the colour it was painted.

We spoke with four staff about people’s preferences and needs. Staff were able to tell us about the people they were supporting which included their personal histories, preferences, likes and dislikes. We found people’s choices were respected and staff explained things as necessary. Staff asked people their choices around daily living such as what activity they would like to do, clothes they wanted to wear and meal preferences.

Throughout the day we saw staff interacting with people with kindness and in a friendly manner. Staff always informed people about what was going to happen next, seeking consent before proceeding with any care or support. People who were unable to express their views verbally appeared comfortable with the staff who supported them. We saw people smiling and laughing with staff when they were approached.

One person told a staff member their drink was not hot enough. The staff member joked with the person that they had been sat holding it too long and that is why it had gone cold. Both laughed at this and the staff member asked the person if they would like a “fresh one.”

During our visit we observed people moving freely around the home, being able to choose where they wished to spend their time. This included relaxing in their bedroom or helping staff in the kitchen.

People’s cultural and spiritual needs were documented in their care plans. One person liked to attend church but was currently unable to do so as they could not access the transport. Staff explained that whilst transport options were being explored they would put songs of praise on the television on a Sunday which the person was happy with. They said the person would sing along with the hymns.

The home made advocacy services available to people who used the service. No one was currently using the services of an advocate. The deputy manager explained how previously they had supported one person to access the advocacy service to support their decision to go on holiday.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. Each person had a care and support plan with information and guidance personal to them. This included information on maintaining the person's health, their daily routines and preferences. Care plans were detailed and person centred; they included health action plans and future goals. Care plans and risk assessments had been regularly reviewed.

Staff were provided with clear guidance on how to support people as they wished. For one person there were guidelines around their risk of falling which included supporting the person to use a walking frame. We saw this was available to them throughout our visit.

Staff were knowledgeable on how to meet people's needs. They were able to explain to us how they maintained people's dignity and privacy when supporting them with care. We discussed with some staff how they supported people with relationships. They explained it was really important they enabled people to express these needs such as, their sexuality and for this to be done in a dignified way. We saw guidance for one person on how staff could appropriately support them to discuss previous friendships and relationships.

Staff had taken steps to make sure each person's needs were responded to in the event they went into hospital. Each person had a 'health in hospital' care plan which gave information on how to support the person to make decisions about their care and treatment.

People were supported to take part in their interests and social activities both within the home and outside. People were supported to access their local community which included shops, the local pub, trips to the cinema and the swimming pool. Some people attended day services throughout the week. People also had 'holiday profiles' in their care plans. These profiles included information on what people liked to do when on holiday. For example go to the zoo or craft fairs. One person's profile stated they liked to eat fish and chips with a glass of wine in bed whilst on holiday.

Relatives we spoke with were happy with the opportunities and activities available to their family member. Comments included "They keep him active. They often take him out."

There was a clear complaints procedure. People using the service had access to a DVD to help them to understand the complaints process. Staff went through this with people every year to remind them of the process. There was also a system where people could send a postcard to head office who would then send someone to the home to investigate the person's concerns. We saw this information was available in picture format in people's bedrooms. Relatives said they would feel comfortable raising any concerns they had and felt assured appropriate action would be taken.

Good

Is the service well-led?

Our findings

The home's registered manager had recently left and the provider was in the process of recruiting a new registered manager. There was an interim manager in post who was supported by a deputy manager. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Comments from staff included "I love my job" and "I enjoy working here, I get plenty of support."

Staff were aware of the organisations visions and values. They told us their role was to support people to lead a happy and fulfilling life. The area care manager explained regular staff meetings were held to make sure staff were kept up to date and were given the opportunity to raise any issues that may be of a concern to them. All staff spoken with provided positive feedback about the provider and the support they received.

The deputy manager spent time working alongside staff on shift. They told us this enabled them to give constructive feedback to ensure best practice when supporting people. Staff received regular supervision (one to one meetings) where performance was discussed. Training opportunities to support staff development were also identified during these meetings.

Staff members' training was monitored by the interim 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.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by the home manager, deputy manager and senior management. The audits covered areas such as infection control, care plans, the safe management of medicines and health and safety. We saw records of recently completed infection control and a manager's monthly checklist audits. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

The provider had policies and procedures in place which had been updated to reflect the new legislation and fundamental standards .

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. There were procedures in place to guide staff on what to do in the event of a fire.