

The White Horse Care Trust

White Horse Care Trust - 5 Elcot Close

Inspection report

5 Elcot Close
Marlborough
Wiltshire
SN8 2BB

Tel: 01672516320
Website: www.whct.co.uk

Date of inspection visit:
30 March 2022
06 April 2022
18 April 2022

Date of publication:
12 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

White Horse Care Trust - 5 Elcot Close is a residential care home providing personal care for five people at the time of the inspection. The service can support up to five people. Most people had limited verbal communication.

People's experience of using this service and what we found

Right Support

- People were supported by staff to pursue their interests. When people expressed a new interest or wish staff would find ways to support them to do this.
- Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives.
- Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.
- People had a choice about their living environment and were able to personalise their rooms. All people were comfortable moving around communal spaces and could go where they wanted.
- Staff supported people to make decisions following best practice in decision-making. Staff were exploring further ways of communicating with people in ways that met their needs.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Staff supported people to play an active role in maintaining their own health and wellbeing. This included when people required more specialist interventions.

Right Care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Clear guidance was in place to support new and temporary staff working at the home.
- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.

- People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.
- People and those important to them, including advocates, were involved in planning their care.
- People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 October 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-Led findings below.

White Horse Care Trust - 5 Elcot Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

White Horse Care Trust - 5 Elcot Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. White Horse Care Trust - 5 Elcot Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with five people who used the service about their experience of the care provided. This included using symbols, body language and more formal types of communication such as simple sign language supporting speech and communication used symbol-based system.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with four people to tell us their experience.

We spoke with five members of staff including the registered manager and a representative of the provider. We spent time observing people and informally interacting with them in their home. We reviewed a range of records. This included two people's care records and related medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People were comfortable in the presence of staff and those able communicated they felt safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff listed a variety of ways they could recognise abuse for people less able to verbally communicate.
- The registered manager and provider's representative understood their roles in keeping people safe from abuse. Systems were in place and the service worked well with other agencies to do so.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Positive risk taking was encouraged and staff supported people to do this. One person had started planning their holiday and staff told us they would work hard to make it happen.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality. Two people had a range of clinical needs which provided clear, step by step guidance for non-clinical staff to follow. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff assessed people's sensory needs and did their best to meet them. One person who enjoyed sensory experiences whilst moving around the home was not interrupted by staff and instead shown respect to complete the movements and activities.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. On the second day of inspection, the provider's representative recognised damage which occurred to the house and immediately reported it. Staff were regularly cleaning high contact touch points as they knew this would keep people safe in a COVID-19 pandemic.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. People all expressed they were happy with staff by communicating it or smiling when asked about them. The registered manager shared photos of all the support from staff people received during activities.
- Every person's record contained a clear one-page profile with essential information such as likes, preferences and support essentials to ensure that new or temporary staff could see quickly how best to support people.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff would get down to the person's level to administer medicines and not rush them. One person was encouraged to self-administer some of their medicine with staff support.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People had been supported to stay in touch with those important to them. This included having visitors when they wanted. During the inspection, one person had gone to stay with their family. Others communicated they were happy with visitors.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. The provider's representative said they had been working hard to encourage staff to speak out.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Examples were seen where people were engaged and enjoying participating in things which promoted moves to independence and quality of life.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff told us they felt really supported by the management during the COVID-19 pandemic.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. Staff told us they were able to make suggested which the registered manager was open to try. If it showed improvement to people's quality of life, then it was continued.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong. The registered manager was clear on their responsibilities on being open and honest to people and those important to them when mistakes had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs of the services they managed. They talked us through further plans they had to improve their own skills so they could effectively lead staff.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The management team knew the services strengths and weaknesses. Plans were in place to rectify these.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider's representative explained plans for the future which were respecting people's changing needs.
- The management had systems in place that demonstrated best practice around assessing people's capacity, supporting decision-making and making sure people's rights were considered. When people were

deprived of their rights the registered manager was clear how to meet any conditions in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider had already recognised meaningful involvement could be improved with alternative forms of communication being learnt.
- Managers promoted equality and diversity in all aspects of the running of the service. Examples were given by staff where the registered manager had made adaptations in relation to their cultural and health needs.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. The registered manager provided examples where people with health conditions had been supported effectively.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.