

# The White Horse Care Trust

# Shalom

## Inspection report

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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

Shalom is registered to provide accommodation and personal care for up to four adults with learning disabilities. At the time of our inspection there were four people living in the home. The home is a bungalow with a communal lounge and dining room. The bedrooms are spacious with shared bathrooms. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

A registered manager was employed by the service and was 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.

We observed staff interacting with people in a kind and caring manner, involving people in choices around their daily living. Staff sought permission before providing care and support and made sure people knew what was happening at all times.

People looked relaxed and comfortable in the company of staff and did not hesitate to seek support and assistance when required.

Staff continued to monitor people's physical and emotional wellbeing and ensured support was in place to meet their changing needs. Each person had a health action plan which described their health care needs. Where necessary, staff contacted health and social care professionals for guidance and support. People's medicines were managed and administered safely.

Staff received training in how to recognise and report abuse. All staff were clear about how to report any concerns they had. Staff we spoke with were confident that any concerns raised would be fully investigated to ensure people were protected from the risk of harm or abuse.

People had access to food and drink throughout the day and were supported to eat their preferred food

choices. Where people chose not to eat the menu options available alternatives were offered.

Staff told us they felt supported in their roles. Staff said they received appropriate training to have the correct knowledge and skills 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.

The registered manager had systems in place to monitor the quality of the service provided. The service worked in conjunction with other health professionals to support people to access additional support and services where needed.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Shalom

## **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 which took place on 10 April 2018 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. People using the service were not able to give us feedback directly about the care they received. We tried to contact the four people's relatives about their views on the quality of the care and support being provided. We were able to speak with two relatives to gain their feedback. 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 the four people who were living at the service during our inspection. We spoke with the area care manager, registered manager and two care staff. We received feedback from two health and social care professionals who worked alongside the service.

# Is the service safe?

## Our findings

People using the service were not able to give us feedback directly about the care they received. During our inspection we saw people did not hesitate to seek support and approach staff when required. This indicated that people felt comfortable with staff. One relative told us "They learned about his needs really quickly which made him safe in their care straight away. They looked at different pieces of equipment to make sure they got the right one which was safe for him to use."

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the registered manager who investigated the concerns and took appropriate action when needed. Staff were aware of their responsibility to report any concerns to the local authority safeguarding team as required. One member of staff told us, "We make sure everything is done to keep people safe. There is no place for neglect or abuse in our work. People here cannot always let us know when something is wrong so we observe them to make sure they are happy."

People continued to be cared for safely. When risks were identified appropriate guidance was in place to minimise potential risks. Risk assessments were completed with the aim of keeping people safe whilst supporting them to still take part in activities around the home and in their community. These included moving people safely, supporting people who may be at risk of choking whilst eating and supporting people in the event of a fire. We observed staff followed safe working practices. People who needed assistance to move or walk around the building were supported appropriately with the correct equipment, such as a hoist or wheelchair.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Any incidents were recorded on monthly manager's report which gave them an overview of the incidents which had occurred that month. This supported the registered manager to identify any patterns or trends. They said this information would then be used to see if any lessons could be learned and changes to care practices made. For example, a Corrective Preventative Log (CPL) for some incidents would be completed which would record the incident, actions taken and any changes to care required. It would also record when these changes had been implemented.

People were supported by enough staff to meet their needs. The registered manager explained that staffing levels were flexible depending on what was happening on the day. They said that there were usually three staff members on duty but if people's needs changed or there was a day trip organised then more staff would be allocated to that shift. Recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. 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's medicines continued to be safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines at times to suit them. People's GP's had authorised the use of medicines sold over the counter. People's medicines were regularly reviewed with health care professionals. This was particularly important for people who had epilepsy, to ensure their medicines were appropriately prescribed. Protocols were in place for the administration of rescue medicines and when staff should call emergency services. One relative told us, "The manager has worked closely with the GP to review his medicines. He is now on a lot less which is good and has improved his wellbeing."

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. Staff could explain the procedures they would follow to minimise the spread of infection and how they would handle soiled laundry. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. On the day of our inspection the home was clean, tidy and free from odours.

# Is the service effective?

## Our findings

People were supported to eat and drink sufficient amounts. Staff told us they planned the menu each week based on people's preferences. They said they also offered people the opportunity to try new foods. Staff ensured people ate a healthy balanced diet. They said if people did not like what was on the menu then alternatives would be offered. We observed the lunchtime meal during our inspection. People were supported at a pace appropriate to them. We saw that when one person did not eat their meal and alternative was given which the person then ate.

Staff continued to monitor people's physical and emotional wellbeing and ensured support was in place to meet their changing needs. Each person had a health action plan 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. A healthcare professional told us, "All staff are very approachable, they seek advice and support appropriately. They regularly inform of me of any changes in individual's health needs and are always very prompt at following up on health appointments."

The premises had been adapted to meet people's needs; where necessary overhead hoists and ramps were in place. Door frames were wide enough to ensure people who were in wheelchairs could access rooms safely. There had been a recent replacement of the heating system. Patio doors and a ramp had been put in place to enable people to access the gardens to the rear of the property. There was planned decoration in place to update the communal dining area.

Staff continued to receive regular training to give them the skills and knowledge to meet people's needs. This included an induction and training on meeting people's specific needs. 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 epilepsy training. The registered manager had systems in place to identify when training was required and ensure it was completed.

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. Staff said they felt supported and could raise any concerns. They felt confident action would be taken where required to resolve any issues. Their comments included, "The management is really good. I get plenty of support from her and the team" and "I feel supported and can discuss my personal development with my manager. Communication between us is very good."

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).

We checked the service continued to work within the principles of the MCA. Where required people's



capacity to make decisions about the care and support they received had been assessed. Where best interest meetings had taken place these were recorded and the people involved noted. Care plans contained information on supporting people to make daily choices and decisions about the different aspects of their care. Where required authorisations for DoLS had been submitted to the appropriate local authority and were kept under review to ensure the care practices remained appropriate and the least restrictive practice.

Staff remained knowledgeable about MCA and were able to explain how they applied it when supporting people to make decisions. One member of staff told us, "Care plans have information on people's likes and dislikes and the choices they are able to make. If the clients don't want something then we will offer something different." We observed people being offered choices during our inspection about what drinks they wanted and activities they wished to attend. One relative told that they were always included in any best interest decisions. They told us, "They always keep us updated with any changes to his care. We are always asked what we think and have attended best interest meetings. We are always involved and told of the outcomes."

One healthcare told us, "We have had the appropriate referrals required. The best interest assessor commented on the suitability of the care plans and setting and the family consulted reiterated this."

## Is the service caring?

### Our findings

Relatives spoke positively about the care and support their family member received. Their comments included, "The staff are fabulous. They are really good. They know him well and go out of their way to get things for all of the clients. I am really happy with the care he gets. He is a lot calmer and happier in himself" and "The staff are brilliant with him. They are very understanding and know him well."

We observed staff interacting with people in a kind and caring manner, involving people in choices around their daily living. Staff sought permission before providing care and support and ensured people knew what was happening at all times. For example, when one person entered the lounge the staff member present went to assist them. They explained to the person they were sitting with what they were doing and that they would be back. They then assisted the other person to choose which chair they wished to sit in and offered them objects they knew they liked to hold.

People looked relaxed and comfortable in the company of staff and did not hesitate to seek support and assistance when required. For example, one person was shouting out for a staff member. The other staff member present explained that the staff member they were shouting for was busy with someone else. They explained the staff member would be present soon and offered to sit with the person. The person was happy with this and the staff member chatted with them about the weather and what activities they would be doing that day.

Staff gave us examples of how they maintained people's dignity and respected their privacy. They said they ensured doors were closed and curtains were drawn when supporting people with their personal care. They said they would always explain to people what was happening when they were providing personal care. A healthcare professional told us, "During my visits I have observed the staff treating individuals with dignity and respect, managing personal care needs in a sensitive caring manor and attending to needs as they arise."

People lived in a house which reflected their individual preferences. People had been encouraged and supported to make their bedrooms their own personal space. Each room was individually decorated, there were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

People's needs in respect of their age, culture, gender and disability were understood by staff. Staff had recorded important information about people including personal history and important relationships. People were supported to maintain relationships which were important to them. People who wished to were supported to attend their local church. Records showed that where people were of a different nationality, the provider had noted how staff could support them culturally. For example, where people could understand more than one language, this was recorded in their care plan. One member of staff told us they regularly used key words from their second language when supporting the person

Staff were aware of treating people equally and fairly. Their comments included, "Everyone gets equal care."

Equality is about clients getting what they want and their needs are not ignored" and "We monitor the service to make sure people are getting equal access to opportunities. Everyone is treated equally but differently as they are individuals. We as staff should have knowledge about people and what they want."

We spoke with the registered manager about how they ensured people were treated in a kind and caring manner. They explained they worked alongside staff to monitor and observe their practices. They said that staff had a thorough induction which included shadowing more experienced staff to help them understand what good care was.

## Is the service responsive?

### Our findings

People's care plans reflected how they would like to receive care and support. They included people's individual preferences, interests and goals to ensure they had as much control over their lives as possible. Care plans were detailed and person centred, they included people's preferred routines. For example, what time they liked to get up, how often they liked to shower or have a bath, what support the person required and what they were able to do independently.

People's care plans reflected the support they needed in terms of their age, disability, religion or sexuality. For example, in one person's records we saw it was important to them to be able to attend their local church. Staff explained they supported the person to meet their family and attend the local service.

Information to people was available in accessible formats. This included an easy read statement of purpose and complaints procedure. These documents were made available to people accessing the service. Staff explained how they also used objects to support people to make daily choices such as which clothes they wanted to wear, activities they wished to take part in and food they wished to eat.

Staff we spoke with demonstrated a good understanding and awareness of people's needs. They told us they read care plans and held daily handovers to ensure consistency of care.

People continued to be supported to follow their interests and take part in social activities. People were supported to access their local community which included the local shops and facilities. People also attended hydrotherapy swimming sessions each week and went out on regular day trips. Time at home was either spent doing activities of their choice, watching their chosen television programmes or spending time in their bedroom.

People were supported to maintain and develop relationships with people that mattered to them and avoid social isolation. Relatives told us they were always made welcome and could visit the home at any time.

The service was not currently supporting anybody with end of life care. Whilst there was some information on people's experience of death and spirituality there was no information recorded on how people may wish to be cared for during illness or end of life care and what funeral arrangements they may wish to have in place. The registered manager and area care manager acknowledged that this was an area that needed some development and needed to be identified with the person and those who knew them well.

There was a policy in place for dealing with complaints effectively. This was available in an easy read format. There had been one complaint since our last inspection. There was a log in place which recorded when the complaint was received, any investigations undertaken and when a response to the complainant was completed. Relatives we spoke with said they had no complaints but would feel able to raise any concerns if necessary. Their comments included, "I am really happy with the care he receives. We couldn't get better care. If I have any concerns I could speak with any staff as they are all so approachable" and "There are no problems with care. I can raise any concerns but have never needed to make a complaint."

# Is the service well-led?

## Our findings

There was a registered manager in post who was 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.

The registered manager remained committed to ensuring people received high quality care. During a recent spell of bad weather the registered manager had not left the home for two days to ensure that the serviced remained covered. They said, "I am very proud of my staff team and all their hard work." The area care manager had also provided cover when there were some staff shortages over the Christmas period.

Staff we spoke positively about the support they received from the management team and the organisation. They were aware of the organisation's vision and values. Their comments included, "The vision is to make sure clients are happy and safe and to give them the best service we can. Management really appreciate my work and I get praise and support from them. We are a good team here" and "Our values are that everyone should be included in their care. There should be opportunities for people to choose the way they want to live and for there to be positive outcomes. The management really invest in staff. We communicate with each other and there is plenty of support."

Staff we spoke with felt things had improved since our last inspection. One member of staff told us, "Since your last inspection we have had a new heating system. The back garden has now been made accessible. Paperwork is now much easier and more specific especially medication paperwork."

The provider had systems in place to monitor the quality of the service and identify areas of improvement. Since our last inspection a new auditing system was being implemented to ensure checks and audits were carried out periodically throughout the year. We saw records of audits covering areas such as infection control, fire safety, the safe management of medicines and care planning. Members of the senior management team had access to the audits completed by the manager through an online system. This meant senior management could monitor and review audits completed at any time and check if identified actions were being undertaken.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified.

The service had developed an action plan following the completion of their audits. The plan highlighted areas of improvement, actions required to resolve or accomplish these areas and an agreed timescale. We saw that end of life care was an area that had been identified as needing improving. The plan stated, "Plans for end of life need to be completed with all service users."

Although there had not been any notifiable events since our last inspection the registered manager remained knowledgeable about which events were reportable to CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

The service worked in partnership with other agencies to ensure people received appropriate support and consistent care. The service worked closely with people's health professionals to ensure they shared relevant information and sought appropriate guidance to maintain people's health and well-being.

To keep up to date with best practice the registered manager said they attended any training required of their role. They attended a monthly meeting with other registered managers from homes within the trust. They said this gave them the opportunity to share ideas and discuss working practices. They also attended local conferences and received regular bulletins and newsletters from other organisations such as the CQC.

The management continued to operate 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 or loss of utilities such as gas or electric.

Providers are required by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.