

The White Horse Care Trust

White Horse Care Trust - 24 Windermere

Inspection report

24 Windermere
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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

About the service

White Horse Care Trust - 24 Windermere is a residential care home providing personal care to two younger adults with learning disabilities and/or autistic spectrum disorder needs at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was the same size and design as other domestic properties in the residential area. It was registered for the support of up to two people. This is in keeping with current best practice guidance. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear a uniform when supporting people at home or when accessing the wider community with them.

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

People felt safe and staff treated them with respect and dignity. People were comfortable and relaxed when interacting with staff and had formed positive relationships with them. Risks to people were managed through regular reviews and detailed support plans which included guidance from health professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When restrictions were needed to maintain people's safety, for example, when going out into the community, the least restrictive approach was taken. Arrangements made on people's behalf were made in line with Mental Capacity Act requirements when people could not consent to decisions about their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's wishes and support needs were reviewed regularly, with the staff member they chose to work with. Staff were committed to helping people achieve their goals and to ensuring people's disabilities did not prevent them from living a fulfilled and happy life. People were supported to participate in activities they enjoyed and were interested in.

People's support focused on opportunities to gain new skills and become more independent. People were empowered to contribute and be independent as far as possible, for example through use of technology. People enjoyed regular trips out and had formed friendships with others they saw regularly. People were

supported to maintain relationships with others who were important to them.

The registered manager had worked openly and transparently with outside agencies in response to concerns about the service in 2018. Improvements had been made to ensure this would not happen again.

The service was caring and person-centred. People using the service and the staff supporting them, were valued and listened to. The provider and registered manager understood their responsibilities and monitored the service to ensure any improvements needed were carried out.

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

Rating at last inspection

The last rating for this service was 'Good' (published 12 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 - 24 Windermere

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

White Horse Care Trust - 24 Windermere is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had an interim manager who was appointed as permanent manager of the service after the inspection was completed. The new manager planned to register with the Care Quality Commission. This meant the provider was legally responsible for how the service was run and for the quality and safety of the care provided at the time of the inspection.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met both people who used the service but were unable to speak with them about their experience of the care provided. We spoke with four members of staff including an area care manager, the service manager and two support workers. We reviewed a range of records. This included people's care and support records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from one professional who works with the service. We received feedback from both people's relatives. We looked at training data and quality assurance records.

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 comfortable approaching staff for help and responded well when staff approached them. Information about keeping safe (safeguarding) was available in an easy read format.
- People were supported to keep safe as staff followed the systems and processes in place to protect them. All staff we spoke with had a good understanding of local safeguarding procedures, including involvement of outside agencies. Staff knew how to identify signs of abuse and understood how to protect people from harassment and discrimination.
- The provider had worked openly and transparently with relevant agencies to safeguard people. Staff understood how to 'whistleblow'. One staff member said, "I know first-hand the Trust will listen. I know I'll be supported for doing so [raising concerns]."

Assessing risk, safety monitoring and management

- Risk assessments included risks people may be exposed to in the community and/or when doing activities. Support plans were detailed and clear and included advice from professionals. Staff understood risks to people and could tell us how these were managed.
- People's health related risks were managed safely. Referrals to healthcare professionals were made promptly and their advice was acted upon. A healthcare professional said, "[Manager] was very prompt in contacting us after the assessment to clarify recommendations following a 'one off' choking incident, in which there were no concerns / further risks identified."
- Environmental and equipment safety checks were up to date and risk assessments were in place. Repairs or replacement had been carried out when issues were identified. People's needs in the event of an emergency had been assessed. Business contingency plans and personal evacuation plans were in place to guide staff in the event of an emergency. Staff were trained in fire safety and first aid.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet people's needs. Staffing levels were flexible in response to planned events and the rota was adapted accordingly. We saw staff had time to meet people's needs without rushing them. Staff were supported by a manager on-call system out of hours.
- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before new staff started work. Staff induction and a three-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe.
- There had been significant changes to the management and staff team since our last inspection. Feedback about the current staff team was positive. One person's relative described their relative as, "A lot happier and a lot more settled" than they previously had been. They added, "He's happy and his needs are being met."

Using medicines safely

- People received appropriate support to take their medicines safely. People's ability to manage their medicines was kept under review.
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' (PRN) medicines had been followed. Protocols for PRN medicines were clear and detailed, these had been reviewed regularly.
- Staff who administered medicines had received appropriate training and their competency was checked annually. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.

Preventing and controlling infection

- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials and following a cleaning schedule.
- Personal protective equipment was available for use throughout the service and an infection control audit was carried out regularly. Any improvements needed had been acted upon.
- Staff completed food hygiene and infection control training. The service was clean and well-maintained throughout. There had been no infection outbreaks at the service in recent years.

Learning lessons when things go wrong

- Records relating to incidents and accidents were reviewed by the manager, to see if a similar incident could be avoided. People's risk assessments and support plans were updated accordingly.
- A log of accidents and incidents was kept and this was reviewed to identify any trends or patterns. Incident and accident records could be accessed electronically by the provider's senior management team. This meant any serious incidents could be addressed by the most appropriate staff without delay.
- Lessons learned from a safeguarding incident at another of the provider's services had been shared through the provider's management meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were reviewed regularly by their allocated staff member (keyworker). People were supported by their keyworker regularly, allowing them to build trust and establish effective communication. This approach assisted people to access information in a way they could understand, to help promote their quality of life and manage their health and well-being needs.
- People's close relatives, staff and a range of health and social care professionals were involved in reviews when people's needs changed. People's medicines were reviewed in line with best practice guidance, such as STOMP. STOMP is a health campaign to stop the over-use of psychotropic (mood altering) medication to manage people's behaviour.
- The provider ensured policies included up to date national guidelines and legislation for staff to refer to. The provider monitored compliance with STOMP. People's individual characteristics, under the Equality Act, were recorded and consideration was given to their age, religion and disabilities when planning their care.
- Technology was used to ensure people's needs were met in timely way and risks to them were reduced.

Staff support: induction, training, skills and experience

- New staff completed a structured induction programme during their three-month probationary period. This included basic training, regular support and feedback on their performance. A new staff member said, "I've already done autism training, I'm doing medicines on Thursday. I'm booked in for something every week. I like that it's not just e-learning."
- Staff were supported through regular one to one meetings with the manager [supervision] and received an annual appraisal. Staff were positive about the training and support they received. One staff member said, "I'm not going to be asked to do something I'm not trained in. I shadowed (worked alongside) [manager] for everything. Literally everything." One staff member we spoke with had started their level three diploma in care. They said, "I'm really excited. I've never been as supported."
- Staff competency and development needs were monitored by the management team while working alongside staff. The provider monitored the service's compliance with their training requirements.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet, which included fresh fruit and vegetables. People's dietary needs and choices were included in their support plans and their cultural and religious food preferences were met. People's weight was monitored regularly to ensure they had enough to eat.
- When people had specific health related dietary needs, advice from healthcare professionals was included in people's support plans and followed by staff. One health professional said, "I have no concerns in relation to how the support team adhered to the guidelines provided."

- Staff completed training in food hygiene and understood people's support needs. People were involved in food shopping and menu decisions.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health action plans which described their health-related support needs and listed the healthcare professionals involved in their care. People were registered with a local GP and were supported to access preventative health care including an annual health check, dental and optical care. Dates when health checks were due were noted in people's health action plans.
- People received timely support in response to them becoming unwell. Staff supported people to access medical care when they showed signs of discomfort or ill health. A health professional told us, "The staff made a prompt referral to the service when they noticed the client was having difficulties [swallowing]."
- The electronic recording systems in place supported record sharing when indicated. A sensor system was being trialled to alert staff when one person got up in the morning. This had been working well to stop the person getting stuck when they tried to open their bedroom door.

Adapting service, design, decoration to meet people's needs

- The building design was suitable for the needs of people living there. The house and gardens were on one level, which was fully wheelchair accessible. Bedrooms and communal rooms were spacious and suitable for use of any equipment needed to assist people to mobilise.
- The manager said the decor had been, "dark and dated", so staff had taken people shopping. Both people using the service had liked a mustard colour, used in their lounge. They had also chosen new furniture. The lounge had been painted while people were on holiday to avoid disruption to them. One relative said, "It's all very comfortable and very clean."
- People had their own bedrooms with en-suite bathrooms. People's bathrooms had been re-fitted, one with a bath, the other a walk-in shower, in line with their preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was routinely sought by staff, before providing care or support to them. Staff used a variety of ways to communicate options to people. One staff member told us one person declined care or food by raising their hand or turning their head away. When the person declined food toward the end of a meal, they waited and offered again to make sure they had finished eating.
- Staff understood the principles of the MCA and the MCA Code of Practice was followed. Assessments had been carried out when people's capacity to consent was in question. Mental capacity assessments and related best interest decisions informed risk assessments and support plans, to ensure people were supported in the least restrictive way. Support plans described what decisions people could make for

themselves when managing their personal finances or their personal care. When family members held power of attorney, evidence of this was kept.

- DoLS applications had been submitted as required, renewal dates were tracked to ensure applications were submitted in a timely manner. The local authority had been kept up to date by the service while DoLS assessments were awaited. No DoLS authorisations were in place at the time of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff developed positive relationships with people and their relatives. One staff member said, "I'm extremely happy to see how loved and supported the guys [people using the service] are, but also staff; it feels like a massive family by extension, where everyone is treated with the greatest respect."
- Staff had received training in equality, diversity and inclusion. They were highly inclusive in their approach to people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality.
- Staff spoke about people positively and valued their contributions to life at the service. The manager said, "The moment you smile, he will smile back at you. If I'm having a bad day I will come and sit with [person's name] and I'll feel better. He loves making people laugh."
- Staff provided emotional support to people when this was needed. When one person began to show signs of distress, staff took them out for a short walk to keep them occupied until they could leave for a day out. One relative said, "The staff are pleasant and kind, they can't do enough for you."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by a named keyworker who worked with them regularly to understand their support needs and wishes. Keyworkers helped people identify their short-term and longer-term goals and put these into action. For example, planning days out and working on different life-skills such as cooking.
- People were enabled to have control for aspects of their care and were encouraged to manage some aspects of their daily lives independently.
- People were supported to live a full and rich life. They had opportunities to follow their interests and were supported to access days out and holidays. One staff member said, "We plan but don't usually book the tickets until the day we're going as [Name] might not feel like it." They had involved people in choosing their holiday destination by printing out suitable options and showing people these so they could pick one.

Respecting and promoting people's privacy, dignity and independence

- Staff assisted people to maintain their dignity through gentle prompts and offers of help. Personal care was consistently carried out behind closed doors.
- People's personal space and time to themselves was respected.
- People were encouraged to participate in household chores and lead as normal a life as possible. A one touch coffee maker had been bought which enabled one person to get themselves coffee independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in making decisions about moving into the service. One relative said their relative had found life at their previous service "very hard." They told us, "He's got a lot better [since moving to Windermere]. He looks so well and happy." Photographs in the service showed the two people living there enjoying each other's company and their days out.
- People met with their keyworker each month to review the support they received and whether this still met their needs and wishes. Feedback from people's relatives was taken into account when reviewing care. People's progress in meeting their goals was considered and any new wishes documented. Both people using the service had been supported to go on holiday in 2019.
- Staff prioritised people's needs and assisted them to lead as full a life as possible. Staff used their knowledge of people to gauge what their needs were each day. During our inspection people went out to visit an RAF museum. The outing was going well and people opted to eat out at a café they liked afterwards. Staff and people using the service were expected back at about nine pm. One staff member said, "For me this [job] is a dream come true. I feel privileged. It's an absolute honour to help them live their lives as freely as they want."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them and had opportunities to make new friendships. One person had an ongoing friendship with a person using another service, who they had met while out bowling. People had been invited to events in their local community and knew some of their neighbours.
- People's religious and cultural beliefs had been documented. Events were held at the service to celebrate special occasions, to which people's families and friends were invited.
- People had regular opportunities to follow their interests. One person enjoyed music and had a regular 'music therapy' session. Staff told us the therapist included 'crashing noises' the person enjoyed making, so they could join in with the songs. The other person living at the service liked ice hockey and enjoyed seeing the Swindon Wildcats play.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been explored and highlighted in their support plans. Support plans described how to ask the person a question, how that person may respond and what this meant. Staff told us they actively watched for cues people used to communicate their needs and wishes. One staff member said, "[Name] has quite a few cues. If he's happy he will clap his hands. If anxious he will come for a hug."
- Staff understood how people communicated distress or frustration and how to respond to this. One person experienced low moods at different times of the year, when they were at risk of losing weight. Staff adapted the support given to this person during these periods, involving staff, food and things they knew the person 'really liked'. When one person showed distress, staff got them to lead them to what they wanted.
- People's support plans and reviews were written in easy read formats with use of pictures and symbols to help them understand the content. Support plans included any reasonable adjustments people needed to access healthcare services and their local community.

Improving care quality in response to complaints or concerns

- Information about the complaints process was accessible to people and was available in easy-read format. No complaints had been received in the 18 months before our inspection.
- People's relatives told us they would be happy to speak with the manager if they had any complaints or concerns. One relative had raised a concern in May 2019 because their relative always seemed tired when they visited. Possible reasons for this had been discussed in a team meeting and the person's relative was assured this was down to the time they visited, usually after their relative had had a full day of activities.
- The provider's complaints policy was available in the service. The electronic records system in place allowed the management of complaints to be overseen by the provider's senior management team.

End of life care and support

- The service had not supported anyone with end of life care for some time. However, people's preferences and choices in relation to end of life care were being explored and recorded. Records included people's preferences relating to protected characteristics, culture and spiritual needs. One relative told us they were meeting with the manager the week after our inspection to go through their relative's end of life plan.
- The provider had policies in place to guide staff in relation to end of life care. Some staff had completed specialist training in end of life care. Managers told us end of life care would be provided to people in partnership with health care professionals with whom they had well-established working relationships.

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; 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 provider worked openly and honestly with external agencies to address concerns about poor culture at the service, first raised by visiting professionals in January 2018. These concerns were reported to the local authority safeguarding team, who were kept updated as new evidence came to light. The provider and staff worked with the police to assist their investigation including providing evidence.
- The provider had acted to meet their duty of candour. A senior manager met with people's families, within weeks of the above concerns first being raised, to inform them of the concerns and of their investigation. Both people's relatives we spoke with knew of these events. One relative told us they had some ongoing anxieties about "trust and communication" with the service, as a result of some details they had been unaware of until the recently held court case. They told us they were meeting with the service manager and provider's representative (chief executive) to address this.
- The provider demonstrated their core values, (listed on their website), through timely and comprehensive action to improve the culture in the service, to ensure good outcomes for people. The whole staff team were suspended pending police and provider investigations and subsequent legal and disciplinary action. The provider brought in a completely new staff team to support people going forward.
- The culture in the service was caring and compassionate and staff were committed to ensuring people lived a fulfilling and enjoyable life. Our conversations with staff showed a high level of insight into the needs and difficulties experienced by people and their relatives; Three staff had personal experience of living with learning disability and had high expectations for the support people received because of this. While supporting people on holiday, members of the public in a neighbouring caravan said staff were, "Wonderful, very caring, very patient and kind." A healthcare professional said, "I found the staff friendly and approachable."

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

- The provider had identified lessons learned in relation to effective monitoring of the staff culture in their services and had taken action to address the shortfalls identified. This included review and reflection on the systems in place and reference to 'lessons learned' from relevant published reviews (Winterbourne View).
- The provider had adopted a risk-based approach to ensure effective oversight of each service. Each service had a risk score, taking leadership, risks related to people, staffing, incidents, the premises, external feedback and effective use of systems into account. Higher risk services were managed through the

provider's risk register and were subject to increased scrutiny by senior managers.

- The provider had effective systems to support service managers and staff. Managers were supported and updated through management team meetings. Updates and changes were cascaded by managers through staff meetings as needed to improve the service. The provider's e-recording system allowed the senior management team to monitor service provision remotely. Support provided could be scrutinised following an incidents or accidents, to ensure risks were managed and the relevant authorities had been notified.
- The provider understood regulatory requirements. There had been a delay in registering a manager at the service due to unexpected illness. The interim manager was successfully appointed as permanent manager after our inspection. The new manager had started their application for CQC registration and had submitted notifications about important events at the service as required.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked closely with other professionals and responded positively to their requests. One professional said, "They were easy to contact and helpful in sharing additional information to aid my assessment. It was easy to arrange a time to visit that was mutually convenient for myself, the individual and support team."
- The service was part of their local community and made use of schemes open to them. The manager had formed relationships with local schools and their neighbours. They made use of the 'FareShare' scheme to help cater events at the service attended by people, their relatives and guests. (This scheme redistributes surplus food to charities supporting vulnerable people.). The manager told us people had enjoyed good quality food they would not otherwise have afforded, including fresh lobster, as a result.
- People, their relatives and staff had access to managers, the senior management team and chief executive. Relatives told us they were involved and felt listened to. Staff, managers and the chief executive communicated with each other through the provider's e-systems. One staff member told us staff were treated as equals. They added, "It doesn't matter how high up the tree you are."