The White Horse Care Trust

White Horse Care Trust - 92 Wilcot Road

Inspection report

92 Wilcot Road
Pewsey
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

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.

The inspection took place on 14 April 2015. This was announced inspection. We gave the provider short notice that we were going to inspect this service as there are two people living at 92 Wilcot Road . During our last inspection in July 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

Summary of findings

92 Wilcot Road provides accommodation for up to three 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 two people were living in the home.

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When asked if people if they liked living at 92 Wilcot Road people they said "Yes". We observed staff interacting with people in a kind and compassionate manner. Staff were attentive to the needs of people responding quickly to any requests for support.

Care staff we spoke with demonstrated a good understanding of people's care needs, the important people and significant events in their lives. Staff were also knowledgeable of people's daily routines and preferences. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank.

People participated in a range of different social activities both individually and together and were supported to access their local community. Activities included visits to the local library, attending day services and holidays.

The service was safe and there were appropriate safeguards in place to protect people from the risk of abuse and potential harm. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff told us they received the appropriate training and supported they needed to fulfil their job role.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been carried out before staff worked at the home.

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

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interests 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).

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?
The service was safe.

People were protected from avoidable harm. Risks to individuals had been identified and managed so they were supported and their freedom respected.

Suitable numbers of staff were employed to meet people's needs.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections.

Good

Is the service effective?
The service was effective.

Staff understood the care needs of people and provided the care and support they needed.

People's care plans contained details of their health and personal care needs. People were consulted about what they wanted to eat and drink.

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

Good

Is the service caring?
The service was caring.

People's preferences for the way they preferred to be supported by staff were clearly recorded.

We saw staff were caring and spoke with people using the service in a dignified and respectful manner.

People were supported to maintain their independence as appropriate. There were opportunities for people to make day to day choices, such as meals and activities.

Good

Is the service responsive?
The service was responsive.

People were supported to undertake activities of their choice, including accessing their local community.

Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were kept up to date.

There were systems in place to manage complaints. People using the service had access to a DVD to help them to understand the complaints process.

Good

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

People living in the home and staff were supported to share their views.

Good

Summary of findings

There were systems in place for monitoring the quality of the service to ensure people received a high standard of care and support.

Emergency plans were in place which included a 24 hour on-call system for staff to be able to seek management support.

White Horse Care Trust - 92 Wilcot Road

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 14 April 2015 and was announced. One inspector carried out this inspection. The provider was given 24 hours notice because the location was a small care home for adults who are often out during the day, we needed to be sure that someone would be at home. 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. Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR) as the inspection was completed at short notice. 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 to people, looking 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, staff training records, staff duty rosters, staff personnel files and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

People using the service were not able to tell us in any detail what they thought of the service. During our inspection we observed how staff supported and interacted with people who use the service. We spoke with two relatives about their views on the quality of the care and support being provided. During our inspection we spoke with the area care manager, the registered manager, the deputy manager and one support worker.

Good

Is the service safe?

Our findings

People living at 92 Wilcot Road were not able to tell us whether they felt safe living at the home. However during our inspection we saw that people did not hesitate to go to staff when they wanted support or assistance with a task. This indicated that they felt safe around the staff members.

There were appropriate safeguarding procedures in place. People's safety and how to recognise possible signs of abuse were clearly understood by staff. They were able to describe what action they would take and how they would make sure people were kept safe. Training in the protection of vulnerable adults had been completed by staff and information on the home's safeguarding procedures and who to contact were available. The registered manager was aware of local procedures and their responsibilities to report any concerns to the local authority with a lead in safeguarding people. Staff had confidence any concerns they raised would be listened to and action taken by the registered manager.

Care plans we reviewed contained a variety of assessments to minimise potential risks and aimed to keep people safe. For example the provider had carried out risk assessments in relation to people accessing the community, making hot drinks and supporting people with personal care when staff were lone working. The risk assessments were detailed and personalised with the content varied depending on the needs of the individual.

Safe practices for the administering and storing of medicines were followed. Only staff who had completed a medicines administration course and were deemed competent were able to administer people's medicines. All staff except for new staff members going through induction had completed the relevant training. The registered manager and deputy manager had also carried out an assessment of staff's competency in medicines administration via observation and a written test. We saw staff who had undertaken the training and assessment were deemed competent.

We reviewed the Medicines Administration Records (MAR) for the two people using the service.. We saw these had been correctly completed and initialled by a staff member. Each person had a separate section of a file for recording their medicine administration. These contained information on the medicines, the reasons for them being prescribed and potential side effects for staff information. Stock audits were carried out weekly and any unused or damaged medicines were recorded and appropriately returned to the pharmacy to be destroyed.

We looked at three staff files and saw people were protected by a safe recruitment system. Staff had completed an application form, had provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. 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. All staff were subject to a formal interview in line with the provider's recruitment policy. Staff would also meet the people living at 92 Wilcot informally as part of the interview process. Records we looked at confirmed this.

There was enough qualified, skilled and experienced staff to meet people's needs. The deputy explained they were responsible for completing the roster. They ensured there were always sufficient staff members on duty to provide the care and support that people needed. We looked at the home's roster which indicated there was a consistent level of staff each day.

We found the service to be clean and tidy. The staff could explain the procedures they would follow to minimise the spread of infection. Staff followed a daily cleaning schedule to ensure that all areas of the home were cleaned.

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. We saw that the staff communicated with people effectively and explained to them at all times what would be happening next or later in the day. A relative spoke positively about the care and support their family member received. They said "Staff know her well, they know her likes and dislikes."

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

People were supported to have enough to eat and drink throughout the day of our inspection. Staff explained how they would sit down each week and complete a menu plan with the people living there. People were also involved in the weekly shop were they had the opportunity to choose different food and drink. We observed that people were encouraged and supported to assist with the preparation of the lunchtime meal they had chosen.

There were enough skilled and experienced staff to meet people's needs. People received effective care and support from well supported and trained care workers. We looked at staff training; we saw staff had received training in core areas such as Safeguarding, MCA and DoLS, medicines administration and moving and handling. The registered manager explained how new members of staff were supported through the induction process. During their induction staff completed work books from the common induction standards. Topics included care planning, medication and health and safety. Each part of the process was signed off by the registered manager or deputy manager as proof of completion and the person's competency. New staff shadowed more experienced staff until they had completed the induction programme and the registered manager ensured new staff felt confident to independently.

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. This meeting was also an opportunity to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff."

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interests 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).

We spoke with the deputy manager about their responsibilities and involvement in relation to the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). She told us how she had supported one of the people living in the home when decisions had needed to be made about a medical procedure. She talked through how they had involved the person by using pictures to help them explain what was going to happen. Clear records of capacity assessments and best interest meetings where held in the person's care plan. A relative we spoke with said that they had been involved in the best interest decision on behalf of their family member. They said that staff had "Gone out of there way" to involve the person in the decision making process and that they were "Quite Impressed" by this.

Before people received any care or support they were always asked for their consent. Staff explained how people were involved in making day to day choices such as what they wanted to wear and what they wanted to do. We observed staff involving people in what was going on in the home. People were offered choices and encouraged to make their own decisions.

People were not restricted on when they could leave the home. People could exit the home via the back door which led in to the back garden. Whilst the back gate was locked people were able to open this. Staff explained that whilst people could leave the home at any time for safety reasons they were not able to access the community independently. Staff explained that they would always be aware of where people were and offer support should they

Good

Is the service effective?

want to go out. The only time the back door was locked was when staff were lone working and needed to support one person with their personal care. There was a risk assessment in place to support this.

Good

Is the service caring?

Our findings

When we asked people if they liked staff they both replied "Yes." We observed staff interacting positively with people using the service throughout the day. At all times staff acted in a kind and caring manner. Staff were able to tell us about people's preferences, likes and dislikes. A relative we spoke with said "I am more than happy with the care she (family member) receives."

People using the service were able to make daily decisions about their own care and support and we saw people chose how they wanted to spend their time. During our visit we noted that people moved freely around the home choosing which area they wanted to be in. This included helping staff in the kitchen or relaxing in front of the television. A relative told us that staff always treated their family member respectfully, encouraging them to make day to day choices such as when to get up and what clothes they wanted to wear.

People who use the service had good relationships with staff members and did not hesitate to frequently to ask for help and support. Staff members spent time with people chatting about the day's activities which had included a visit to the library that morning. There was a happy atmosphere in the home with staff joking and laughing with people.

During the inspection we saw staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. One person kept mentioning a staff member's name. Staff explained the reasons for this behaviour and offered reassurance to the person throughout the day, explaining about the situation.

People were supported to maintain contact with family and friends. It was noted in one person's care plan details of a friend they had who attended the same community group. People had also been supported to stay in contact with friends they had previously lived with. Staff explained there were opportunities for them to meet up regularly which included going on day trips together. Photographs of these outings were included in people's 'Life books'. One person showed us their book which consisted of a range of photographs of family members, important events in people's lives and places they had visited. A relative said they could visit whenever they wished. They said the staff were always welcoming and helpful.

Staff were knowledgeable about people's health and personal care needs and the support each person required. Records showed reviews called an 'Individual Pathway Meeting' had been held with the person, family members and staff members to discuss the care and support the person received. The outcome of the review noted goals the person would like to achieve in the coming year, such as going on holiday. These were reviewed monthly to monitor their progress.

People had access to local advocacy services although no one was currently using this service. Records showed that an advocate had been used for one person when a decision needed to be made regarding hospital treatment and the person's capacity to be involved in this decision. Where needed family members had been involved to speak on behalf of people or assisted them to share their views.

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 we spoke with were knowledgeable about the needs and preferences of the people they were supporting.

People were supported to take part in their interests and social activities. People had participated in a range of different social activities both within the home and outside. People were supported to access their local community which included the library, swimming and local shops. They also participated in shopping for the home and had been on holiday with staff support.

On the day of our inspection people were asked what they would like to do. They requested to go to the library to return their books and take out new ones. They also requested to have a drink in the nearby café whilst out. People were supported to get ready to go out. We saw in one person's care plan they liked to take pride in their appearance. Staff supported them to put on the necklace they had chosen and to style their hair before going out. Staff had explained that one person liked dogs and we saw that they had borrowed a book about dogs

People were involved in the running of the home. Residents meetings were held with staff support every four to six weeks. Minutes we reviewed included discussions about the menus where people were asked if they were happy with the menus. We saw one person had requested some alternative meals which had since been included in the menu planning. People were also asked about what day trips and social activities they wished to take part in.

People were encouraged to be involved in household tasks within the home to support their independence. This included cooking, laundry and cleaning tasks. We observed one person who helped strip their bed and put the laundry in the washing machine. When the washing was complete the person, supported by a staff member, hung the washing out to dry. Later in the day they brought the dry washing off the line independently.

There was a clear complaints procedure and staff responded to the complaints people made. We saw in the minutes of a residents meeting, one person had complained about the quantity of snacks offered. Minutes recorded a discussion between staff and the person about the consequences of having too many snacks. A discussion had then taken place about healthier options for snacks as part of the complaints resolution. People using the service had access to a DVD to help them understand the complaints process. We saw a recent complaint from a member of the public which had had been responded to and investigated. There had been no other complaint since our last inspection. A relative told us they knew how to make a complaint. They said they would feel comfortable raising any concerns they had and felt these would be responded to by the manager.

Good

Is the service well-led?

Our findings

The provider sought the views of people using the service, relatives, visitors and staff in different ways. The registered manager explained that people's views of the service were regularly sought during the residents meetings. However if anyone had any concerns they could raise these at any time. They explained one of the people had approached them and raised concerns about not being able to have a cooked breakfast on a Saturday, which was their preference. This had been discussed with staff at a team meeting to find out why staff had not supported this. They had then made sure that this change had happened so people could have a cooked breakfast on the day requested.

Staff meetings had been held at the service. The meetings provided an opportunity for staff to feedback on the quality of the service. Staff we spoke with understood their role and had the confidence to question practice and report and concerns about the care offered. Staff felt supported and that any suggestions or concerns raised were listened to and valued.

The provider had systems to regularly assess and monitor the quality of service people received. Audits took place periodically throughout the year. 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 managers monthly checklist audits. Actions highlighted were noted and then signed to say they had been completed. Regular visits were made by senior management and members of the trust. The registered manager told us she was supported by her line manager with regular meetings to discuss areas of concern or development.

We saw records for accidents and incidents that had occurred. The form contained sections to detail the incident and any investigations or required actions. All accidents and incidents which occurred in the home were recorded and analysed.

The registered manager explained how they kept up to date with best practice. They said they regularly attended registered home manager's meetings within the trust to discuss and share working practices. They attended a local provider forum where they could learn and share knowledge with other providers. They also worked in conjunction with Skills for Care who are the employer-led workforce development body for adult social care in England.

Regular maintenance was undertaken to ensure the property remained fit for purpose. Environmental risk assessments such as fire risk assessments were completed.

The service had appropriate arrangements in place for managing emergencies. There was an up to date risk assessment which contained information about what to do should an unexpected event occur, for example a flood or loss of utilities. There were arrangements in place for staff to contact management out of hours should they require support.