

Achieving for Children Community Interest Company

The Windham Croft Centre

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

This was an announced inspection that took place on 12 February 2016.

The Windham Croft Centre provides short break domiciliary care for children 0-18 who have learning disabilities, autistic spectrum disorder or a physical disability. The service is run jointly by the London Boroughs of Richmond and Kingston upon Thames.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

This was the first inspection since registration. At this inspection the agency met the regulations inspected against.

Due to the communication challenges presented to children and young people when being interviewed by telephone, the views of their parents were sought. Parents said the service provided was the type that they and their children needed and that it met their expectations. The designated tasks were carried out in the way they wished. People felt safe, particularly with well-established support workers and thought the staff team and organisation really cared. They thought the service provided was safe, effective, caring, responsive and well led.

The agency kept records that were up to date and covered all aspects of the care and support received. The information was clearly recorded, fully completed, and regularly reviewed. This enabled staff to perform their duties appropriately.

Staff knew about the children and young people they provided a service for, the way they liked to be supported and worked together as a team when required. Staff conducted themselves in a professional and friendly way that was focussed on the individual and their needs. They were trained, knowledgeable and accessible to the children and young people using the service and their parents. Staff thought the organisation was a good one to work for and they enjoyed their work. They had access to good training and support.

Parents said they were able to discuss health and other needs with the agency, staff and had agreed information passed on to GPs and other community based health professionals, if required. Staff gave advice about healthy food options and balanced diets if requested by parents.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

Parents said they were comfortable approaching the manager and management team who were

responsive, encouraged feedback from them and monitored and assessed the quality of the service provided.

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.

Parents told us that they felt the children and young people using the service were safe. There were effective safeguarding procedures that staff understood, used, and assessments of risks were in place.

There was evidence the agency had improved its practice by learning from any incidents or situations that had previously occurred and there were enough staff to meet needs. The agency was suitably staffed, with an experienced team that had been disclosure and barring (DBS) checked.

Medicine was safely administered and records were completed and up to date.

Is the service effective?

Good ●

The service was effective.

Support needs were assessed and agreed with parents and those identified were matched to the skills of trained staff. There was also access to other community based health services that were regularly liaised with.

Care plans monitored food and fluid intake if required, but this was normally the responsibility of parents.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good ●

The service was caring.

Parents said that they felt the children and young people were valued and treated with dignity and respect. Parents were involved in planning and decision making about the care provided. Preferences for the way in which support was to be provided was clearly recorded.

Staff provided good support, care and encouragement to the children and young people. They listened to, acknowledged and acted upon their and their parent's opinions, preferences and choices. Privacy and dignity was also respected and promoted by staff. Care was centred on the needs of the individual and staff were familiar with children's' and young people's background, interests, personal preferences and understood their cultural needs.

Is the service responsive?

Good ●

The service was responsive.

Children and young people were encouraged to join in with a range of recreational and educational activities at home and within the local community. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The agency had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good ●

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

The Windham Croft Centre

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 an announced inspection that took place on 12 February 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a 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 also checked notifications made to us by the provider, if any safeguarding alerts were raised and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

During the inspection, there were 28 children and young people using the service and 18 staff. We spoke with six parents, four staff, four senior management team and the registered manager.

When we visited the office premises we looked at 3 copies of care plans for children and young people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at three staff files.

Is the service safe?

Our findings

Parents thought that there was enough staff to meet needs and provide the required support safely. One parent told us, "I know (son) is safe with her (staff) and that she will look after him properly when they are out." Another parent said, "I take comfort that children are always looked after."

Staff followed the provider's policies and procedures to protect children and young people from abuse and harm, which included assessing any risks to people and themselves when a service was being delivered. They also received induction and refresher training in how to recognise abuse and possible harm to people using the service. They understood what abuse was, the action required if they should encounter it and their responses to questions followed the provider's policies and procedures. Staff told us they would alert the office to raise a safeguarding alert if they had concerns. The provider's safeguarding, disciplinary and whistle-blowing policies and procedures were also contained in the staff handbook. There was an easy to follow process for raising safeguarding alerts that included reporting, investigating and recording that staff confirmed they understood and knew how to follow. There was no current safeguarding activity. A risk register was maintained, updated and reviewed monthly by the provider's strategic and governance group.

The provider had a robust staff recruitment process that included essential and desirable requirements, contained in a clear job description. Prospective staff were short-listed for interview against these requirements. The interview included scenario based questions to identify people's skills and knowledge of the care field they were working in. Parents and young people were included in the interview process as 'Recruits Crews' to identify the most appropriate candidates. References were taken up, work history scrutinised and disclosure and barring (DBS) security checks carried before people were confirmed in post and allowed to begin work. There was a six month probationary period, regular review of staffing levels took place and there were enough staff employed to meet peoples' needs. One relative said that "I feel secure in the knowledge staff have been checked."

The provider carried out risk assessments with parents and young people as part of the care planning process and this enabled young people and children to take acceptable risks as safely as possible and also protected staff. The risks assessments covered activities that would be participated in, were monitored, reviewed and adjusted as needed. Young people receiving health support also had clinical risk assessments. Parents said that staff were trained to identify and assess risk and encouraged them to input and make suggestions whenever possible. The staff said they shared information regarding risks to people with the office and other members of the team, if appropriate. They told us they knew the children and young people who used the service well, were able to identify situations where they may be at risk or in discomfort and took action to minimise the risk and remove any discomfort. There were also accident and incident records kept, that were up to date.

Staff safely prompted children and young people using the service to take medicine or administered it as appropriate. Staff were trained to do so and this training was updated regularly. They also had access to updated guidance. The medicine records for all people using the service were checked by the agency as part of monthly service audits.

Is the service effective?

Our findings

Parents and young people using the service made their own decisions regarding how and when they received care and support. They said the care and support provided was delivered by staff in the way that they needed and enjoyed. One parent said, "My son likes the individual attention he gets and the person who works with him has really got to know him well and can handle any challenges that come up easily with him." Another parent told us, "Without the respite care we got, it would have been impossible to cope."

Staff received good quality induction, annual mandatory and specialist training as required. This was delivered by an external provider and internally. The training records identified when mandatory training was due and confirmed that it had taken place. Training included safeguarding, infection control, behaviour that may challenge, the Mental Capacity Act, equality and diversity and the person centred care approach. Staff individual and group supervision provided opportunities to identify further training needs or gaps in training already provided. There were staff training and development plans in place and opportunities for advancement within the organisation.

The children and young people's health, nutrition and diet were foremostly the responsibility of parents. The care plans contained areas for health; nutrition and diet that were agreed with parents. They included nutritional assessments that were completed and regularly updated. Risks in relation to eating and drinking for children and young people with complex needs were assessed, reviewed and monitored to ensure that changes were identified. Staff encouraged a healthy way of living and diet by making activities involving menu design, developing cooking skills and use of money, fun. The care plans also contained information regarding the type of support required at meal times and staff had received specialist training if required. Staff told us that if they had concerns about children and young people's health, they were raised and discussed with the parents and the office. Staff provided nutritional guidance, advice and there was access to community based nutritional specialists who reviewed nutrition and hydration needs, if required. The records showed that referrals were made.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection. People using the service were under 18 and therefore parents took the lead regarding consent, although the provider made sure that young people between the ages of 16 and 18 were involved and had their views heard. Consent documentation was recorded on file and regularly reviewed and updated. There were clear internal and external guidelines led by consent from parents and legal guardians.

The provider had clear guidelines and procedures should children and young people demonstrate behaviour that may challenge and staff had received trained by 'Team teach'. They were also aware of what

constituted lawful and unlawful restraint. Any behavioural issues were discussed with parents and the management team.

The provider had links to and contact with organisations that provided service specific guidance and best practice. These included various hospitals and the Chase and Shooting Star hospices.

Any referrals made to community based health care services were done so with the knowledge and consent of parents.

Is the service caring?

Our findings

Parents said that staff treated them, their children and young people using the service with dignity and respect. They told us staff were friendly, kind and provided them and their families with the support they needed whilst maintaining appropriate boundaries. Staff encouraged and enabled children and young people in a friendly, approachable and supportive way. They treated young people as their equals, did not speak to them condescendingly and they received as much care, support and time as they required to have their needs met. Staff listened to what parents; children and young people said, valued their opinions and acted on them as required in a patient and attentive way. The support they provided was caring and helpful. Staff said they enjoyed supporting children and young people using the service. This was reflected in the comments made by parents. One parent told us, "Absolutely brilliant." Another parent said, "Staff really got to grips and improved the service brilliantly." Another parent commented, "The outlook towards the children is fantastic."

Staff were trained in the provider's core values that encompassed kindness and compassion in everyday care. This also included the importance of providing privacy, dignity and respect. Their approach to care and if it reflected the core values was monitored by observations, supervisions, appraisal and feedback questionnaires to ensure their approach reflected them. The comments recorded told us that staff adhered to the provider's core values.

Staff provided accessible information to parents and where appropriate to children and young people in order to encourage them to make decisions. If required, staff had access to a specialist participation and engagement team. This meant that children and young people had the opportunity to maximise their opportunities to make appropriate decisions and make use of their time with staff. Parents said that staff met their children and young people's needs in a relaxed and supportive way. Staff demonstrated skill, patience and knew their needs and preferences well. Children and young people were communicated with by staff at a pace that made it easier for them to understand and enabled them to make themselves understood. Where children and young people had difficulty expressing themselves, staff listened carefully and made sure they understood what the person was saying. They asked children and young people what they wanted to do, when and who with.

The care plans were devised with parents and where appropriate young people and children and the process included identifying situations that may cause them distress or discomfort, so that they could be avoided and minimised by staff.

The provider did not directly supply end of life care, although support for families was given and partnership working took place with other health care agencies in this context.

The provider had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

Is the service responsive?

Our findings

Parents told us their respite needs were met and the care and support provided for their children, during these periods was what their children needed. It was delivered in a relaxed and friendly way that they and their children liked and were comfortable with. One parent said, "With the new forms in place to provide goals for each outing, this has helped focus us all on helping (son). His current goal is to try and do things independently and this allows us a record of each visit and achievement." Another parent told us, "Staff are caring and responsive and we have been well-supported, especially when my child went through a couple of tricky patches over the years and the support was managed accordingly. It can sometimes be hard to get sessions confirmed or they cancel at the last minute. In a sense this is partly due to the nature of the service employing young people who perhaps aren't as reliable or committed as the permanent staff back at the office. I do feel that they try their best and again it's a service I do value." A further parent said, "I am completely happy with all services that my son receives." Staff encouraged parents, children and young people to give their views, opinions and to decide things for themselves. Staff listened to them and made themselves available to discuss any wishes or concerns that may arise. Parents told us that needs were met and support provided promptly, as agreed within the care packages. The appropriateness of the support was reflected in parents' positive responses. They told us that if there was a problem, it was resolved quickly and in an appropriate way. Records also showed that views were sought, attendance at meetings encouraged and questionnaires sent out to get opinions. There were monthly drop in sessions for parents, staff and young people's sessions provided in the school holidays. People were supported to put their views forward, including any complaints or concerns and information from concerns was monitored to identify any changes that may be required to improve good practice.

Parents, young people and where appropriate, children were consulted and involved in the care planning decision-making process and agreed the support to be provided before any support was put in place. The care plans were developed with them, they were encouraged to contribute to them and they had been signed by themselves, parents or their representatives as appropriate. Written information about the provider and service they gave was given to parents and young people to enable them to make choices. In the case of young people it was provided in a format that was easy to understand. Regular, ongoing reviews and monitoring took place to check that the care and support was working. The review process was comprehensive and included individual team notes within an integrated, holistic multi-disciplinary approach that was reviewed annually and presented to the 'Short breaks' funding panel. The monitoring also included health reviews to make sure the care packages remained focussed on individual needs. Staff also told us about the importance of recognising the views of everyone, throughout the duration of the service, so that care and support could maintain this focus. If a care package was not working there was an integrated model of support that sourced alternative services that might better meet needs. Alternatives were discussed and information provided about and to prospective services. An example of this was the transition from children to adults' services, by young people using a joint transition protocol for services provided by Kingston and Richmond local authority services. As well as health care and support needs, the care plans also focussed on social and leisure activities to make the respite sessions as enjoyable and rewarding as possible. Any care and support needs regarding age, disability, gender, race, sexual orientation or religion were acknowledged and recorded in the care plans, to ensure they were also met. The care plans

were live documents that were added to when new information became available or needs changed. The plans were individualised and person focused with parents, children and young people encouraged to take ownership of the plans and contribute to them as much or as little as they wished.

Parents and young people were made aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording, investigating and escalating complaints to appropriate organisations. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their duty to enable people using the service to make complaints or raise concerns.

Is the service well-led?

Our findings

Parents told us that they were happy speaking with the manager and staff to discuss any concerns they may have. The agency had an open culture with staff that listened to people's views and acted upon them. Parents told us that the agency vision and values were clearly defined, explained to them, followed and achieved. Staff we spoke with understood them and said they were explained during induction training and revisited during supervision. One parent told us, "I have very good communication with the manager and short break coordinator. They are always very responsive and on my side, ready to solve any challenge." Another parent said. "A superb management team."

Parents said there were clear lines of communication within the agency with specific areas of responsibility and expectations explained to them. Staff told us they received good support from the manager and management team and their suggestions to improve the service were listened to and given serious consideration. They felt this had arisen partly from a culture of promoting from within. There was a career development programme within the local authorities that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs. There was a whistle-blowing procedure that staff were of, felt confident in and knew how to access.

There were regular minuted staff team, service and organisational meetings that enabled staff to voice their opinions, concerns and experiences. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff. One member of staff said, "The manager is great, very supportive." Staff also had access to a 'Practice and Innovation' group that oversaw quality and potential development and a 'Business and Innovation' academy that had recently been developed.

The agency was part of a local authority funded organisation with integrated services that included links to safeguarding teams, the local clinical commissioning group, education, the voluntary sector and primary health services such as district nurses. Most of these services had representation on the agency management board or steering group. This meant that relevant information was shared in a timely manner. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust local authority quality assurance system that contained indicators that identified how the agency was performing, any areas that required improvement and areas where the agency was performing well. The service and staff who provided it were regularly monitored, reviewed and audited by senior staff. This was carried out through a monthly audit programme that reviewed outcomes for parents, children and young people using the service, themes, risks and circumstances. This was achieved through spot checks, observations, environmental, case and staff files audits, surveys and performance analysis. Action plans were put in place, as required that were reviewed by team managers and the registered manager monthly. There was a risk register in place that was reviewed by the registered manager, nominated individual and clinical governance group monthly.