

Autism at Kingwood

Thames Valley & North - Domiciliary Care

Inspection report

BAPTIST HOUSE LTD

129 Broadway

Didcot

OX11 8XD

Tel: 01235359388

Website: www.kingwood.org.uk

Date of inspection visit:

13 October 2021

18 October 2021

Date of publication:

10 November 2021

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

Thames Valley & North - Domiciliary Care and Supported Living is a 'supported living' service that provides support packages for people with a learning disability or autistic spectrum disorder. Supported living is the name given to support to people who either live in their own homes, either through a tenancy with a housing provider, or live in their own homes through ownership or shared ownership with a housing association.

Not everyone who uses the service receives the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service has a number of 'supported living' settings in Oxfordshire. At the time of the inspection 40 people were receiving a regulated activity at 16 addresses.

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

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. We have asked the registered manager to ensure all outcomes of Deprivation of Liberty Safeguard (DoLS) applications are submitted to CQC.

Complaints, concerns and constructive feedback was addressed. However, the provider needs to ensure the process is fully followed and documented as per their policy and procedures.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence. Support plans were detailed and person-centred. The support plans provided guidance for staff about how best to support people's needs and preferences. The staff received training and support to enhance their skills and understanding in relation to maximising choice, promoting person-centred care and creating the right culture. People had access to a range of activities and social opportunities. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives.

People were protected from the risks of abuse and harm and people and their relatives said they trusted staff to keep them safe. Staff had received training in safeguarding people.

People's support needs were risk assessed and support plans provided staff with the information they needed to manage the identified risks.

Staff were trained to administer medicines and medicines were managed safely.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults and staffing arrangements met people's needs.

Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

People received tailored support that was centred around their assessed needs, choices and decisions.

People had access to other healthcare services, ensuring a holistic level of support was provided.

No one was receiving end of life care but if this were required, this would be facilitated alongside community healthcare professionals.

The registered manager and staff demonstrated a commitment to people and displayed strong person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. Audit systems were in place to monitor the standard of support people received. Measures to assess improvements and continuous learning were in place.

The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service.

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

Rating at last inspection

This service was registered with us on 06/08/2020 and this is their first inspection.

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.

Thames Valley & North - Domiciliary Care

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

Two inspectors carried out the inspection.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to ask permission to visit people in their own homes.

What we did before the inspection

We reviewed information we had received about the service since they had registered with the CQC. We sought feedback from the local authority and professionals who work with the service. 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 spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, area managers, support manager and care staff.

We reviewed a range of records. This included three people's care records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. None of the people we were able to communicate with indicated they felt unsafe. Relatives told us, "I have no concerns around safety. I feel staff always keep [person] safe" and "Staff do a really good job, don't think I would find anywhere better for [person]."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. Staff told us they were aware of how to report any concerns and if no action taken, how to report this outside of the organisation.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and support plans provided staff with the information they needed to manage the identified risk. For example, risks in relation to epilepsy, medicines, finances, coronavirus and accessing the community. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Positive Behaviour Support (PBS) plans were clear, detailed and used by all staff. Information was recorded about what may cause emotional distress or frustration. It went on to describe potential triggers and ways to de-escalate the situation if it arose.
- Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. Processes were in place to analyse and identify any trends.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. Agency staff underwent competency checks around medicine administration and checks that they had received training in safety related issues.
- Staffing arrangements met people's needs. During the inspection we observed appropriate levels of staffing to support the people who used the service. There was an increased use of agency staff in the recent months, however, recruitment was ongoing, and the provider had systems in place to monitor staffing levels. The registered manager said, "There are challenges everyone is facing with staff shortages. We listen to staff about shift patterns alongside the need to ensure staff don't become over tired and burnt out." Regular conversations were held with staff about well-being.

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured

timely administration of medicines.

- Staff were trained to administer medicines. Staff (including agency staff) had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- We saw examples of lessons learnt following any incidents. For example, one person (who required close supervision) left the service on their own and went to a charity shop. A pager had not gone off to notify staff the person had left their flat. The situation was investigated, and recommendations were made including more robust systems for checks for all assisted technology to be completed daily. The person's support plan had been updated to ensure whichever staff member was supporting the person, did not leave the vicinity without getting cover for comfort breaks.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received tailored support that was centred around their assessed needs, choices and decisions. People's needs were assessed before they moved into the service through initial assessments. The information gathered during the assessment was used to develop support plans and risk assessments. People's support plans were detailed, and regular reviews were undertaken. A relative said, "There was a smooth transition from [person's] previous placement to this one. We were, of course, very concerned that the move would cause problems. But in actual fact the move went very smoothly, and we feel [person] has settled in really well at [service name]."
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included preferences with daily routines. We observed staff providing support in accordance with people's support plans.

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

- The provider worked closely to ensure transition into the service was well managed. A relative commented, "It took a while for [person] to settle. Lots of different managers but current manager is 'awesome' and has made a massive difference. The [service manager] is also excellent."
- People's health and wellbeing was maintained with relevant interventions such as annual health checks and access to primary care services.
- People had access to other healthcare services, ensuring a holistic level of support was provided, such as the dentist, opticians, podiatrists and hospital specialists in areas such as epilepsy. A relative added, "[Person] has had a couple of emergency trips to hospital, and we feel that staff handled the situation well and did all they could". The relative went on to say that they were impressed that a member of staff stayed with the person throughout their hospital stay.
- Health passports (documentation that details people's health needs and contains other useful information) were used.

Staff support: induction, training, skills and experience

- Staff had the necessary skills to carry out their roles. Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had an induction when I started. I had not done this type of work before; I felt the induction was good and prepared me for the job." An area manager told us that a new starter checklist was kept, and area managers ensured contact during induction and probation.

- Staff had received relevant training to support people's needs. This included safe ways to support people if they became distressed and intervention was required. A health professional stated, 'Online training was well attended, and staff engaged. Interactions observed following training were excellent – very person-centred, very engaged, and good use of the techniques of [training] as recommended. However, some improvement needed with record keeping and reflective practice'.
- Staff had regular supervision and observations of their work performance. A member of staff said, "[Support manager] is fair and wants [staff] to run a good service so that people have a very good quality of life (and rightfully so). She is very supportive as a manager."

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

- We saw on the service improvement plan that clear dietary guidelines needed to be in place for all individuals with input from all relevant stakeholders. We received some comments from relatives that weight and diet was a concern for some. We informed the registered manager of this during feedback.
- We saw people's support plans detailed their favourite foods and foods they disliked. Details were also given about individuals' ability to prepare food and drink and how to support the person to do this safely. It also detailed what the person could do for themselves and what they may need support with.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Not all outcomes of DoLS applications had been notified to the CQC. We discussed this with the registered manager who agreed to review and update records and submit all outcomes of applications.
- The registered manager had an excellent understanding of the legislation in respect of Deprivation of Liberty Safeguards (DoLS) principles. We saw a robust challenge quoting case law to underpin the rationale for applying for a DoLS that was being queried by the local authority. This ensured people were supported safely in the least restrictive way.
- Care records contained the relevant level of information in relation to people's capacity and consent to care was always sought.
- Staff received the relevant MCA training to support their knowledge and understanding and worked in accordance to people's best interest decisions. Staff described their understanding of MCA and were able to identify their responsibilities to comply with the legislation. We heard lots of examples from staff about the importance of people making their own decisions and choices and the importance of this. We heard of examples of people shopping for their own clothes, choosing furnishings and food and decisions about activities. A relative said, "[Person] is given lots of choice, and reassuring for family to know [person] is well looked after and is given choice wherever possible."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People were treated with kindness and compassion. We had comments from relatives including, "When I do talk to [person] they seem really happy. Staff are really good with them following a bereavement. [Staff name] has joined from previous placement and is really helpful and knows [person] well."
- Staff were able to explain people's preferences and support needs without needing to refer to documents. They also spoke confidently to protocols for behaviour that challenges. This matched the details in people's support plans. Relatives comments included, "Staff cope very well and do a great job" and "Staff really listen to parents and staff keep up to date with training."
- Staff engaged with people in a friendly and caring manner and their conversations with people were good natured. Staff were attentive to people's needs. Relatives told us, "[Person] has told me they don't feel lonely anymore and get on well with staff. They also said they felt loved"; "Staff always look after [person] to the best of their ability" and "The staff are great, and they are very strong."
- Staff had received training in equality and diversity, and they were committed to ensuring people had equal opportunities. Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. Support plans explained whether people had any specific religious or cultural needs and how these would be met.

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

- People's views and decisions about their care were documented in their support plans. We observed staff interacting with people and supporting them in a way that allowed people to have control over their lives and make day to day decisions.

Respecting and promoting people's privacy, dignity and independence

- People's sexual needs had been considered. Guidelines were put in place for a person to ensure their privacy and dignity was preserved. This included the person expressing when they wanted time alone. If not, then staff were to encourage the person to go to the bedroom or bathroom. Advice had been sought by a health professional to provide the person with a better understanding of their body.
- People were encouraged to be as independent as possible. People were encouraged to be involved with tasks around the house and in the community to develop their skills and knowledge. This included preparing meals, cleaning and doing laundry.
- People's privacy and dignity were respected. During the inspection, we saw staff knocked on people's bedroom doors and waited for a response before entering.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy in place to ensure the quality of care could be assessed, monitored and improved upon. We reviewed records of complaints, but these were not documented fully in line with the policy. Current systems did not clearly demonstrate the process followed, for example, whether the complaint was written or verbal. The policy states, if a written complaint, the provider would investigate, and respond as soon as possible. Within 15 working days a letter would be sent informing of progress to date and date the person could expect a resolution. We did not see any evidence of this being logged. We discussed this with the registered manager after the inspection.
- We saw neighbours had made a complaint about noise levels. The provider had met with the neighbours, informed the local authority and the housing provider. The outcome was that the provider needed to take pre-emptive action to build good and sympathetic relations with neighbours and communities. This was being planned when setting up new projects, but there was acknowledgement about working with existing neighbours to improve understanding.
- We saw a log of compliments which had recorded appreciation by family members and professionals. One stated, 'I would just like to thank you and your staff for looking after [person] so well. She is really happy living there.' A health professional had commented to staff that a person he had known for many years was looking well and thanked staff for all they were doing for him in relation to his health condition. A relative commented, "Management are approachable. I know the Chief Executive and feel confident I could speak directly with them if needed. [Chief Executive] is amazing, absolutely incredible, she is like a friend as well."

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

- Care plans were detailed and person-centred. The support plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their support plans. Relative comments were, "We are very happy at the way things have turned out for [person] after the trauma of (moving on from previous placement), and we feel she is really well supported by [provider]" and "It has been a journey but we are much happier now. The team work around [person] as consistency is crucial and they thrive on it."
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included preferences with daily routines.

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.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records.
- Support plans had detailed information about communicating with people in their preferred way. For example, 'write down what you are communicating; give two choices (more than two can make the person overwhelmed)'.
- The staff team supported people consistently and understood their communication needs. People had a communication plan in place which staff were aware of, understood and used. We saw people used gestures to communicate. For example, one person would lead staff to things or places such as the kitchen. The person would also bring items to staff such as a cup or coat. These helped staff to understand the person's wishes at all times.
- Communication also covered people's sensory needs such as touch, hearing, taste, smell, awareness of body and movement. For example, it was recorded which side to support a person on when they felt unsteady.

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 contact with their families, friends and others in the community. Relatives commented, "[We] had lots of contact over the course of the pandemic; Facetime calls every other day" and "I feel involved, very happy, more than happy and [person] is as happy as Larry!"
- One person had chosen their own carpet and colours for their bedroom. Activity planners enabled people to have more choice with their activities.
- Staff were flexible if people changed their minds at the last minute. For example, one person was doing arts and crafts but shortly changed their mind. Staff told us things often changed at the last minute but how important it was to respect people's change of mind.
- People had access to a range of activities, and social opportunities. People also went on holidays of their choice with staff support. The provider had purchased a caravan at a nearby lakeside park and we heard of people going to this for short breaks. A member of staff told us, "I supported [person] on a short break. We had a lovely time the two of us with a roast dinner, walk around the lake and watching a film together."

End of life care and support

- No-one was receiving end of life care at the time of the inspection. Most people in the service had relatives that staff would liaise with in the event of someone requiring end of life support.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's vision is 'a world that embraces autism'. Their stated mission is 'to enable each person we support to develop greater independence, discover their potential and enjoy a better quality of life'. We found these outcomes were evidenced during the inspection. A professional that worked with the provider stated, 'The [provider] have been in my dealing with them very open, transparent and work with us in partnership. They have grown in Oxfordshire and have been taking more work supporting autistic people. They have passionate staff working with them and recently in the last year have recruited new managers, who are working closely with us to improve delivery of support'.
- The registered manager and staff demonstrated a commitment to people, and they displayed strong person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A relative said, "There is good consistent staffing for [person], and I am very grateful and have a lot of regard for the managers".
- One of the services had been shortlisted as a finalist for The Great Autism Practice Awards at the end of October 2021. Although the outcome was not known at the time of the inspection, the team were proud to have been shortlisted as finalists. Two people living in the selected household were going to attend the awards with the staff team. The service had been nominated by senior management due to the way they managed successful transitions and a new service during the pandemic. This was despite a very challenging climate. They tailored every aspect of what they did for each person supported and made the service into a 'home' and became part of a 'community' within the community.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- The culture was open, inclusive and people were supported to make decisions about the level of support they received. Staff said they enjoyed their roles and there was a positive culture at the service.

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

- Audit systems were in place to monitor the standard of support people received. Regular audits of people's support plans and daily communication records took place. Audits also took place to review health and safety matters in each house such as medicines, smoke alarms and staff risk assessments.
- Measures to assess improvements and continuous learning by senior management were in place. Accident and incidents were investigated, concerns, complaints and suggestions were analysed and 'lessons learnt' were established. For example, the Chief Operating Officer picked up from an audit about an issue

involving administration of a certain 'as required' medicine. The issue was investigated which confirmed that there was some lack of following procedures and the system highlighted where this was and by whom. A safeguarding was raised, and changes put in place to make improvements.

- Staff praised the registered manager and wider management team, they felt supported in their roles.
- The registered manager kept records and overview of any employee grievance and disciplinary matters and outcomes were recorded showing actions taken.

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

- People's and relative's views had been sought through regular support plan reviews, where relatives had opportunities to meet staff and discuss concerns. A relative said, "Staff are committed to get families together for family and staff award ceremonies."
- Staff members were involved with the service through regular team meetings.

Working in partnership with others

- The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health teams. People received a holistic level of care and their support needs were safely and effectively managed.

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 registered manager understood their responsibilities under the duty of candour. There had not been any incidents in respect of this requirement.