The Kingwood Trust

Kingwood - White Barn

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 inspection took place on the 7 July 2016 and was unannounced.

Kingswood – White Barn is a care home, which is registered to provide care (without nursing) for up to eight people with autistic spectrum conditions and learning disabilities. There were four people in residence during our visit.

The home is a semi-detached building in Reading and is close to local shops and other amenities. People had their own bedrooms with ensuite facilities and use of communal areas that included an enclosed private garden. The people living in the home need care and support from staff at all times and have a range of care needs.

There is a registered manager running 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. The registered manager was present on the day of our visit.

There were effective systems to regularly assess and monitor the quality of service that people received. Various formal methods included quality monitoring visits by one of the organisations area managers and health and safety audits completed by the manager.

The home was clean and comfortably furnished. People had their own bedrooms, which were personalised with their own belongings. Equipment and furnishings were being purchased by the provider to meet people's changing needs. Staff had received health and safety training that included basic first aid, infection control, moving and handling and positive behaviour support. People's nutritional needs were met with meals that were appetising and cooked to meet individual needs.

People who use the service used a range of communication methods. These included non-verbal to limited verbal communication. Individual methods were supplemented by the use of pictures and objects of reference to indicate their needs and wishes, which were clearly understood by staff.

People received good quality care. Staff treated people with respect and kindness providing a service that was person centred. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families. However, there was no activity planner to promote recreational stimuli throughout the day for a person whose needs had changed. This was addressed by the provider and registered manager during our visit to improve incentives within recreational activities for the person.

There were robust processes in place to monitor the safety of giving people their medicine. People were

supported to eat a healthy diet and they were helped to see their GP and other health professionals to promote their health and well-being.

The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a staff team who had received support through supervision and training. Their care plans detailed how they wanted their needs met and these were regularly reviewed to ensure they were person centred. Risk assessments identified risks associated with personal and health related issues. They helped to promote people's independence whilst minimising the risks.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and consent issues, which related to the people and their care.

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.

People were supported by staff of good character who knew how to protect them from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

Is the service effective?

Good

The service was effective.

Sensory equipment and furnishings were being increased to improve the environment and meet people's individual needs.

People's needs and preferences were met by staff who had received the training they needed to support them.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

Is the service caring?

Good

The service was caring.

People benefitted from a staff team who supported them to sustain family relationships and were committed to ensuring their needs were met.

The relationships between staff and people receiving support

demonstrated dignity and respect at all times.

Is the service responsive?

Good

The service was not always responsive.

Activities within the home were individual to each person around the choices they had made. However, a lack of activities to meet one person's changing needs had placed them at risk of isolation.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. These were reviewed continually to promote person centred care.

Is the service well-led?

Good

The service was well led.

The registered manager was open and approachable and promoted a positive culture.

Staff had confidence that they would be listened to by the registered manager and that action would be taken if they had a concern about the services provided.

Processes were in place to monitor the quality of the service and the running of the home. These included audits of health and safety and reviews of people's care and support plans.

Kingwood - White Barn

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 the 7 July 2016. It was carried out by one inspector and was unannounced.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with the registered manager, organisations director, area manager and four staff. We also spoke with six relatives of people who use the service.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at one staff recruitment file. We also looked at staff training records, duty rosters and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People were protected against the risks of potential abuse. They were unable to tell us if they felt safe. However, their families told us that they believed their relatives at Kingswood - White Barn were safe. Comments included, "If there are concerns I can pick up the phone, as they (the registered manager and staff) listen."

Staff understood their safeguarding responsibilities and were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training and where fully aware of the provider's whistleblowing policy. Staff told us that if they had concerns about people's safety and were not listened to by the registered manager or within their organisation, they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

The registered manager had notified CQC and the local authority safeguarding team of one incident of abuse that had taken place following our last inspection in September 2014. The incident in October 2014 was of alleged physical abuse between two people who use the service. Staff used positive behaviour support to defuse and manage the behaviour safely whilst minimising the risk of reoccurrence. There have been no other incidents of alleged abuse within the home since this date.

Risks associated with people's care and support had been identified. They were managed appropriately with the aim of keeping people safe whilst supporting them to be as independent as possible within the community and home. On the day of our visit, we could see that people were protected when others presented behavioural challenges. For example, staff had redirected a person who had presented with behaviours that may have placed them and/or others at risk. Health care referrals had been made to support the person that included a review of their medicine.

People were given their medicines safely by staff who had received training in the safe management of medicines. Staff competency assessments were completed annually before they were signed off as proficient to support people with their medicine. The service used a monitored dosage system (MDS) to support people with their medicines. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. Medicines were stored securely and could only be accessed by staff. The medication administration records were accurate and showed that people had received the correct amount of medicine at the right times. Daily safety checks were undertaken to ensure for example, that people's medicines were stored at the correct temperature. Internal audits and an external audit by the supplying pharmacist in May 2015, promoted the safe administration of people's medicine.

The provider had effective recruitment practices, which helped to ensure people, were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

A consistent staff team supported the people who use the service. Bank staff were employed by the provider

and were being used by Kingwood – White Barn to increase staff by one throughout the day to meet the changing needs of two people who use the service. This was to make sure there were sufficient staff to support people safely whilst reviews by the funding authorities were taking place. Additionally there was a full time registered manager. On call contact numbers were available for staff to summon help or assistance in the event of an emergency.

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Fire safety, legionella and monitoring of hot water outlets to minimise risk from scalding were undertaken. Incident and accident records were completed and actions taken to reduce risks were recorded. Staff had received health and safety training that included fire awareness and first aid.

Good

Is the service effective?

Our findings

People's families spoke positively about staff and told us they were skilled to meet their relative's needs. Comments included, "What is good about the service is that (name) has some people (staff) around him who have a very good understanding of his needs."

Staff had access to a range of training to develop the skills and knowledge they needed to meet people's needs. This had included essential health and safety training and support to gain a recognised health and social care qualification. Additionally specific training was provided to promote person centred care that incorporated epilepsy and Autism. Their training was linked to the care certificate, which is a set 15 standards that health and social care workers complete during their induction period and for existing staff to refresh and improve their knowledge.

Staff told us they felt supported by the registered manager. They had attended regular staff meetings and had received one to one supervision and appraisal that supported their development needs. They were very positive about how they worked together effectively as a team and said, "We have good communications within the home such as daily handovers." This helped to ensure staff were fully up to date should people's needs change within a short space of time.

People had access to health and social care professionals such as their GP, psychologist, psychiatrist, speech and language therapist and community nurse. They had a health action plan, which described the support they needed to stay healthy and also what the service referred to as "traffic light hospital information". These were used to promote positive communication of people's needs between services and to minimise unnecessary anxiety for the individual when attending health care and / or emergency admission appointments. People's care records detailed relevant information from health care appointments and of communications with health and social care professionals, in their best interest, to meet their changing health care needs.

People's meals were freshly prepared and well presented to meet individual needs. Staff discussed menus with them and encouraged healthy eating. People were referred to speech and language therapist and dieticians as and when required to have their nutritional needs assessed. Records of food temperatures were taken to ensure they were at the correct temperature for consumption. Fresh fruit and vegetables were available.

There was limited seating within the garden for people to use in the warmer weather and limited sensory equipment within the garden and home to effectively meet a person's specific needs. However, the registered manager and senior manager told us they had been working with the psychology team to decide how they could make the garden more sensory and stimulating for the individuals who live there. They stated that sensory profiles for each person had been used to guide their decisions. Funds were allocated for the registered manager to purchase new furniture and equipment for the home and garden to meet people's individual needs.

People's rights to make their own decisions where possible, were protected. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good understanding of the MCA and staff had received MCA training.

Good

Is the service caring?

Our findings

People were relaxed and comfortable with staff and responded to them in a positive way. Two people communicated their needs using limited verbal interaction. Other forms of communication used by people included body language, sounds and objects of reference. People were encouraged by staff to make decisions about everyday activities such as choosing what to eat and how to spend their time. They were able to express their views through verbal and non-verbal communication methods that staff clearly understood and respected.

Comments from families of people who use the service included, "He's happy, you can tell by the way he is." "They (staff) are very respectful of him." A relative told us that due to circumstances and distance it had become increasingly difficult to visit their relative or have their relative at home as much as they would like. They said, "We spoke with (name of the registered manager) and straight away she told us that they would support us in any way they could to enable (name) to visit us at home". Adding, "Our relationship with our son is very important to us." Other comments from people's relatives included, "I visit most weeks and the support I receive from (name of person's keyworker) to make this a successful visit is so good, she (member of staff) is truly an amazing person."

People's bedrooms were decorated and personalised with items of their choice. A persons relative said, "They look after (name) one hundred percent and more.", "Have you seen her room? it is clean and pretty, really nice and personalised." Considerations had been taken to promote people's privacy when alone in their room or alone with their visitors, such as staff knocking on doors before entering. There were three reception rooms that enabled people to choose where they wanted to be and what they wanted to do. One room had sensory equipment to promote a calming and relaxed atmosphere when in use.

Staff spoke respectfully of people's care and support needs and encouraged people in conversation throughout the day of our visit. They gave examples of how individuals preferred to be assisted, of people's wishes, and needs such as promoting their independence whilst being supported in the home and community. Staff knew people's likes and dislikes with regard to recreational activities, daily living and the support each person needed.

People's support plans were reviewed and centred on their individual needs and what was important to the person such as their family, daily routines, likes and dislikes. Staff had received training in equality, diversity, human rights, dignity and respect.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and the professionals involved in their care. Information from the assessment had informed the plan of care.

The registered manager had commenced the process of reviewing people's records that had accumulated over a number of years. This was to make sure relevant and up to date information was readily available for staff to support people. People's files included their support plans and review documentation. The examples seen were thorough and reflected people's needs and choices, describing for example, how the person wanted to be supported with their personal care. Staff told us that they felt there was enough detailed information to support people in the way they wanted to be supported. Handover between staff at the start of each shift also ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People's care and support needs were reviewed at least annually or as changing needs determined. The registered manager made sure referrals were made to health and social care professionals who were directly involved in the joint review process of people's needs.

People were involved as much as they could be in the review process. Their families told us they were always invited to attend. One person's relative said, "I'm always invited and whenever I can, I attend. When I can't I'm always asked if there is anything I need to discuss, and I'm sent a copy of the review record."

Daily reports and monitoring records about each person's life were completed. These included details of appointments that the person attended visits/contact they have had with their family and of activities they had participated in throughout the day. Evaluations of people's daily activities were completed to identify whether they had engaged in the activity in a positive, neutral or negative way. Staff told us this helped to promote choices people made.

People were supported to maintain their independence and access the community. There were activity records individual to each person that detailed what they liked to do on a weekly basis. However, one person's activity planner detailed planned trips within the community that the person had not participated in through choice, since September 2015. Although evaluations had been completed of activities the person had taken part in, these mostly described what the person had to eat and of their participation of daily living skills, such as recycling. There was no activity planner to promote recreational stimuli throughout the day. We received verbal and written feedback from the provider that confirmed immediate action had been taken to ensure through assessment, that the person was provided with incentives to pursue activities of their choice within the home.

The provider had a complaints policy that was accessible to people and their visitors. In the twelve months prior to this inspection, the service had not received any formal complaints. People's relatives told us that they never needed to make a formal compliant as the registered manager always listens to what they have

to say. Comments included, "official complaint, we have in the past and satisfactory strategies were put in place".

Good

Is the service well-led?

Our findings

There was a registered manager at Kingwood – White Barn who registered with the Care Quality Commission (CQC) on 1 October 2010. The registered manager and deputy manager were both present during our visit.

People's families said, "She (the registered manager) does not wait for things to happen, she is totally of a mind-set who knows what (name of the person) needs and wants.", "They (reference to the provider) are absolutely excellent, I've never had any issues from the last administration to (name of the registered manager)." "(Name of the registered manager) always makes herself available."

People and those important to them had been given opportunity to feedback their views about the home and quality of the service they received. However, the provider survey and evaluation was of feedback of the combined services within the organisation as opposed to being filtered to provide an evaluation from feedback of the services within Kingwood – White Barn only.

The registered manager had sent surveys to people's families in November 2015. We looked at two responses that showed people's families believed the service was well-led and that people received a good service. Areas identified as requires improvement within one survey and as quoted, "Holidays – more appropriate individually tailored days out for our (relative)". The registered manager told us that two people were supported on holiday in 2015. One holiday was cancelled in 2015 due to the individual declining to go out. Further holidays for people had not been scheduled for 2016 due to individual financial restraint that was under review. People had been supported by staff to undertake activities within the community and overnight breaks as opposed to holidays this year. The registered manager confirmed that surveys were scheduled to be sent to people and their families July 2016.

Internal processes were in place to monitor the quality of service delivered and the running of the home. These included audits of health and safety such as fire, legionella and hot water outlets to minimise the risk of scalding. Furthermore, staff training and people's care and support plans were reviewed regularly to ensure staff had the knowledge and skill to meet people's needs safely and effectively. A provider quality review visit on the 2 November 2015 and 14 April 2016 identified areas for improvement that included testing for legionella and risk assessment of a window restrictor in one person's room, which were actioned to promote people's safety.

Staff described the registered manager as open, approachable and supportive. The registered manager and deputy manager regularly worked alongside staff, which promoted a positive culture. Staff told us that the registered manager kept them informed of any changes to the service provided and needs of the people they were supporting.