Surrey and Borders Partnership NHS Foundation Trust

Kingscroft

Inspection report

Kingscroft
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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

Kingscroft provides short breaks to approximately 40 people on annual basis and also provides unplanned respite for people in the event of an emergency such as family illness.

The home provides 24 hour care, supervision and support for up to eight people at a time with learning disabilities and additional health needs.

This was an unannounced inspection carried out on 2 May 2018. At the time of our inspection two people were using the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service was managed in a safe environment with adequate numbers of staff. People's risks had been assessed and they were protected from abuse. Medicines were managed safely and robust infection control procedures protected people from the risk of infection. Lessons were learned when things went wrong and actions were taken to improve safety.

People had access to healthcare services and their health and well-being needs were met. People had a choice of menu and complex eating and drinking needs were managed. People's cultural and religious preferences were also taken into account. Staff had the right skills to meet the needs of the people they cared for. The premises was appropriately designed and adapted to meet people's needs. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives fed back that staff were caring. Rotas were arranged to allow staff adequate time to spend with people. People's dignity and respect were understood by staff. Staff encouraged people to be independent.

People's needs were assessed before entering Kingscroft. Relatives and people contributed to the planning of their care and support. Staff ensured that people had as much choice and control as possible. People were supported to take part in activities and they were encouraged to develop and maintain relationships. People and their relatives knew how to make complaints and staff used them to make improvements.

The manager supported staff in their roles. There were regular staff meetings and staff's views were taken into account. The registered manager ensured that staff upheld the vision and values of the service including a person-centred culture, compassion, dignity and respect. Regular checks were carried out on the service through a variety of different audits. Communication was good between the service and relatives and there were strong links with the local community.

Further information is in the detailed findings below.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Kingscroft

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 was a comprehensive inspection which took place on the 2 May 2018. The inspection team consisted of two inspectors.

Information was gathered and reviewed before the inspection from notifications and the provider information return form (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.

At the inspection, we interviewed the registered manager, a support worker, a housekeeper and a team leader. The two people using the service on the day of inspection were out at resource centres, so we were unable to speak with them. Because of this, we contacted six relatives of people who use the service to hear their views about the care and support people received. We also contacted professionals involved with the service: a moving and handling advisor, a physical healthcare specialist nurse and the area quality assurance manager for Surrey County Council.

We checked records related to the provider's quality monitoring procedures. We looked at three care records, including assessments, risk assessments and care plans. We looked at audits relating to the running and the safety of the service which included environmental audits and medicines audits. We also viewed customer satisfaction results and accident and incident records. We looked at other documents including minutes of meetings, staff training records and details of activities.

Good

Is the service safe?

Our findings

We found that the service was safe as risks to people were appropriately identified, assessed and managed effectively. For example, one person had been identified as at risk of aspiration (where food or drink enters the lungs) so a speech and language therapy assessment was arranged for professional guidance for staff on how to prepare the person's food and drinks and support them to eat and drink safely. Care records indicated that staff had been following the guidance, which reduced the person's risk of aspiration.

Another person had had input from a specialist nurse in developing their epilepsy support plan. The plan contained guidance for staff about how to support the person to manage their epilepsy and how to respond in case of an emergency. The specialist nurse told us, "I've been really encouraged that [the manager] has contacted me. She isn't afraid to contact us for support." A person's relative told us that, "I have no worries about safety."

Accidents and incidents were recorded and reported appropriately. These were recorded on a centralised reporting systems which meant they could be reviewed and audited. We saw that there were lessons learnt from incidents and accidents which instigated actions to be implemented which improved the service. For example, we were told of a time when a person went missing through a door which had been left open. Following this incident a new procedure was adopted which involved staff checking all doors were appropriately secured for safety.

In the event of an emergency, the service had plans in place to ensure that people's care would continue uninterrupted. We saw that staff completed fire safety training during their induction. A fire risk assessment of the building had been carried out and the NHS Trust had a fire safety policy. We saw evidence that staff carried out regular fire safety checks, including testing the alarm system using different call points. A fire safety audit was completed quarterly and was last carried out in March 2018. The last fire drill recorded was carried out in May 2017. We discussed with the registered manager the recommendation that care services should carry out fire drills a minimum of twice a year. Following the inspection the registered manager provided evidence that a fire drill had been booked with the facilities manager on 3 May 2018.

We saw that the home was clean and staff adhered to good practice guidelines in relation to hygiene and the control of infection. This was overseen by the infection control lead who had additional training to support them in this role.

People were cared for by adequate numbers of staff. People's stays were scheduled several months in advance to enable staffing rotas to be planned. The service also provided some emergency respite if, for example, a family member was ill. Staff told us any vacant shifts would be covered where possible by permanent staff altering their work pattern.

People were helped to stay safe because staff understood their responsibilities in relation to safeguarding. They knew about the different types of abuse people may experience and how to report any concerns they had. Staff attended safeguarding training during their induction and said this had made clear their

responsibilities to any concerns they had about people's safety or well-being. When asked what they would do if they saw anyone being abused, one staff member told us, "I would report anything."

The provider had a robust recruitment process to ensure people were safe whereby prospective staff were required to submit an application form. There was evidence the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People received the medicines they require as there was a robust medicines procedure. Medicines were checked in and out and all staff had refresher training annually. We saw records relating to training delivered by the pharmacy department.

Good

Is the service effective?

Our findings

People's care plans identified that prior to using the service; people were visited in their own homes by the registered manager to help ensure the service could meet the person's needs. The registered manager said that people's assessments were always reviewed before each stay to take account of any changes in need since their previous stay. One parent told us, "We were involved in writing the care plan. We went through [my daughter's] likes and dislikes." Staff told us they were always given enough information about people's needs. Staff said they were briefed about people's needs before they began to use the service.

Each service user had a care passport which ensured that important information about them and their care needs travelled with them when they moved between services, for example if they were admitted to hospital. The care passport contained information about people's needs in relation to communication, food and drink, medicines and any areas in which they were at high risk, such as falls. This meant that person-centred care could be continued elsewhere even if the person was unable to communicate.

People were cared for by staff who had access to the support and training they needed. All staff had regular one-to-one supervision from their line managers. The registered manager carried out annual appraisals for all staff. One member of staff said of the supervision process, "It's very useful to me to have a sit down with [registered manager]."

Staff told us that the registered manager had recently introduced a 'live' supervision which involved the registered manager observing a member of staff on duty and providing feedback about the way in which they provided people's care and support. The registered manager said this exercise would be carried out with each member of staff every six months. This meant that staff's practical skills were monitored regularly helping to ensure appropriate standards of care.

New staff received a comprehensive induction when they took up their posts. The five-day standard NHS Trust induction covered all areas of core training, such as safeguarding, moving and handling and infection control. This was followed by a five-day local induction which included fire safety, health and safety, person-centred planning and the role of the keyworker.

The registered manager planned ahead for people entering the service. She told us the service had access to specialist training through nurse specialists employed by the trust and we saw evidence of this in people's care plans. For example, last month they delivered training on catheter care in preparation for a new person coming to the service.

Staff were following the principles of the Mental Capacity Act 2005 (MCA) as we found that people had mental capacity assessments in place. We saw that best interests meetings had been held for people where they were unable to make decisions for themselves. For example, to have medication.

People were able to live in a service that had adaptations suitable for their needs. We found ceiling hoists, adapted baths and a sensory room at the service.

People's nutritional and hydration needs were met. There was a menu board with meals shown as pictures. Every week, there was a forum with people to plan the menu and some people helped prepare the food. At least two different types of vegetables were served with each meal and we were told that last year, people grew vegetables in the garden. Where people had particular requirements because of religious preferences these were met. For example, Halal meat was ordered for people from the Muslim faith.

People could access healthcare professionals when they needed to. There was the option to register with the local GP practice or see their own doctor if they were unwell. We saw evidence of other healthcare professional involvement, such as the community nurse, psychologist and speech and language therapy team.

Good

Is the service caring?

Our findings

Relatives were happy with the care that was being provided to their family member. One relative told us, "[They're] very nice, very caring." Another said, "It's really good. I'm really pleased with it." A third relative told us, "Staff seem lovely. They're taking good care of her." A fourth relative told us, "We send in her favourite music. Staff know which things she likes."

The service provided relatives with opportunities to communicate with staff and with other relatives. The service organised a relatives' coffee morning every two months. The registered manager told us relatives valued this opportunity to meet and share their experiences with one another. Staff organised a number of social events throughout the year, such as garden parties and a Christmas party, to which families and neighbours were invited.

People's individual methods of communication were recognised. Staff used communication aids to support people to express their choices. For example, staff used photographs or visual aids to communicate with some people whilst other people used technological aids to communicate their needs and wishes.

People were encouraged to be independent. One member of staff said, "We help people with their independence and life skills." The areas in which people could manage their own support were outlined in their care plans. A relative told us, "[Daughter] likes the sensory room and she likes the cooking."

People's human rights and equality were respected by staff. Two people were dating and the staff told us that they respected their privacy by putting a, "Do not disturb sign" on their door when they wanted some quiet time together. Another person did not want to celebrate birthdays, Christmas or celebrations of any type due to their religious beliefs. This was documented in their care plans and their wishes were respected.

People's identities were taken into account. At team meetings staff were made aware of the LGBTQ+ forum and asked to take into consideration that people may identify as LGBTQ+.

Good

Is the service responsive?

Our findings

People's care plans had been developed where needs were identified through the assessment process. Care plans were in relation to matters such as, physical and mental health, medicines, mobility, communication, eating and drinking, personal care, elimination, sleep and social interaction. We saw for example, care plans that indicated people's favourite bedrooms and favourite foods. All the care plans were reviewed regularly to take account of any changes in the person's needs.

Family needs were responded to by giving full choice over booking respite dates and responding to short notice bookings in times of crisis. People were supported to maintain relationships if they wished, by ensuring their bookings coincided at Kingscroft.

The registered manager told us that each person's care plan was reviewed a minimum of twice a year. The registered manager said each person had an annual review of all aspects of their care, to which their families were invited, and a mid-year review. Care plans were not adopted until people's families had had the chance to confirm their agreement to the care plan by signing it.

Each person had an allocated keyworker whose role included keeping all risk assessments and support plans up to date. The keyworker also took a specific interest in a person in relation to their health and wellbeing as well as achieving any goals.

The registered manager showed a flexible approach by changing resources to meet people's needs. For example, she employed a housekeeper who also helped with people's activities of daily living.

People were supported to continue to attend their regular daytime activities when they stayed at the service. Some people still attended school and others resource centres on a daily basis. Staff ensured that people had access to the transport and staff support they needed to attend their preferred activities.

We read on the pre-admission form, people are asked if there are any activities they would like to do. They are assisted to make their choice by having photos of activities such as boat trips.

Four social events a year were held for people, families, friends and neighbours to attend as well as individual trips out for people. One person liked to go to the shops and their relative told us, "They get out and about. She gets fresh air and goes to the shops." Another relative told us, "They take him out in a car. He just wants to chill."

The service had a complaints procedure explaining how any complaints received would be managed. In addition, "How to make a complaint" was in the welcome pack. A relative told us, "Yes, I would know how to make a complaint." We saw one complaint from a relative that fortified yoghurt had not been given to their family member. The complaint had been appropriately responded to and as a result, this information was added to the person's care plan and to their medicine administration record.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with CQC since 2010. 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 acknowledged the importance of their role to people's friends and families. They told us, "It's important they feel they can trust you." A relative told us, "The manager listens. They're very communicative."

Staff told us the registered manager adopted an inclusive approach to developing the service. They said they were encouraged to give their views about how the service could be improved. The registered manager told us that, in order for the staff team to function at its best, "Everybody needs to contribute."

A staff member who had learning disabilities was employed. They worked alongside other staff which reflected a good staff culture in the service.

Staff reported that morale in the team was good and that staff worked well together to ensure people's needs were met. They told us the registered manager provided good leadership for the team and was approachable and supportive. One member of staff said of the registered manager, "She has been great, very supportive. She has helped me to improve and develop." The member of staff added, "She has been good in providing the training I needed."

Staff understood the values of the trust and demonstrated these in their practice. The registered manager said they aimed to provide good leadership through modelling positive behaviour in their own practice which demonstrated the NHS Trust's values of dignity and person-centred support.

Staff communicated important information about people's needs effectively. Staff said, "We work really well as a team. We communicate well." Team meetings were held each month and staff said they were encouraged to raise any issues or concerns they had. Staff meetings minutes identified where improvements needed to be made such as ensuring that observation charts were completed. Staff always had a handover at the beginning of each shift and were expected to read the communication book before they started work each day, which included messages from families. The service communicated with outside agencies such as health care professionals and the local children's hospice. The wider community was encouraged to become involved in social events.

The service continually looked for ways to improve. We reviewed the results of a survey which had been sent out in January 2018 to families. We read that most people were satisfied or very satisfied with the service. Monthly quarterly audits were undertaken by another manager. There were unannounced visits from the Trust Board and the registered manager told us that they responded to all audits by developing and

implementing an action plan.