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 is a service which provides short-break and respite care for up to eight people with a learning disability, epilepsy, autism or a sensory impairment. At the time of our inspection two people were staying at Kingscroft.

This was an unannounced inspection which took place on 29 February 2016.

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. The registered manager assisted us with our inspection on the day.

Proper medicine management procedures were followed by staff. Storage of medicines was good and records related to medicines were completed correctly.

There were enough staff working to meet people's needs. Staffing levels were such that people received the appropriate support. People were enabled to go out or remain in the service because of staffing levels.

Staff were provided with regular training to assist them with carrying out their role and staff had the opportunity to meet with their line manager regularly to check they were following best practice, or to discuss any aspect of their work.

Staff had a good understanding of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which meant the proper procedures were being followed for people who had restrictions in place.

Accidents and incidents were recorded and monitored by staff to help ensure they could mitigate against further incidents happening. People's dietary requirements were highlighted to staff and these were taken into account when preparing the meals.

Quality assurance monitoring was completed and actions from provider visit audits had been addressed by staff. In the event of an emergency or the service had to be evacuated people's care and support would not be interrupted.

Where a risk to people had been identified action was taken by staff. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse. There was an effective recruitment process which helped ensure that only suitable staff were employed.

Staff showed people care and kindness. They recognised people's individual characteristics and allowed

them to make choices. Relatives were made to feel included in the service.

Activities were arranged for people and were flexible to fit with what people chose to do on a daily basis. People had comprehensive pre-admission assessments before they used the service and care records were detailed and focused on the person. People were supported to access external health care professionals when required.

Staff were involved in all aspects of the service and attended regular staff meetings. Staff felt supported by the registered manager. There was complaint information available for people should they have any concerns about the care they were receiving.

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.

Staff followed robust medicines management procedures.

There were enough staff to meet the needs of people.

Staff were aware of the risks to people and how to manage them. Accidents and incidents were recorded and action taken when required.

Staff understood what abuse was and knew how to report it should they suspect it. Appropriate recruitment processes were followed.

Guidance was in place for staff and people should there be an emergency at the service.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were provided with support in relation to their role, for example through supervisions. Staff received training appropriate to their role.

People were offered a choice of foods and people's dietary requirements were recognised by staff.

People had access to healthcare services should they need it.

Is the service caring?

Good

The service was caring.

People were treated as individuals and with kindness by staff.

People were able to make choices where they could and were

encouraged by staff to be independent.

Relatives were made to feel involved.

Is the service responsive?

Good

The service was responsive.

People had thorough pre-admission assessments and care planning information was detailed and comprehensive.

Activities were arranged for people and flexible to accommodate people's preferences.

There was complaint information available to people.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the safety and quality of the service.

Staff thought the manager was supportive and they could go to them with any concerns. Staff were involved in the running of the service.

People and relatives were given the opportunity to make suggestions and give feedback in relation to the service.

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 an unannounced inspection which took place on 29 February 2016. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. On this occasion we did not ask the provider to complete 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. Instead we reviewed all of the notifications of significant events that affected the running of the service. A notification is information about important events which the service is required to send us by law.

As people who were currently living at Kingscroft were unable to tell us about their experiences because of their communication needs, we observed the care and support being provided by staff. Following the inspection we received feedback from three people who used the service, five relatives and four health care professionals.

As part of the inspection we spoke with a Trust service manager for the service, the registered manager and two staff. We looked at a range of records about people's care and how the service was managed. For example, we looked at two care records, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at two recruitment files.

Kingscroft was last inspected in 2011 when we had no concerns.

Good

Is the service safe?

Our findings

Relatives felt their family member were safe at Kingscroft. One relative told us, "They (staff) are careful nothing has changed (in the care plan) and they check the medication. They have very safe processes."

People received the medicines they should do. People moving into the service had Medicine Administration Records (MAR) which recorded which medicines they were on, any allergies they had and how they liked to take their medicines. For example, one person would only take liquid medicines. Each MAR had a photograph of the person in order to identify them. MAR records were completed correctly and contained no gaps or errors.

Safe medicines management processes were carried out by staff. Medicines were stored in a clear, organised way. As different people lived at the service during the course of a year, staff used named storage boxes for easy identification. The temperature of the clinical room and the fridge were checked and recorded so staff could check medicines were stored appropriately. A healthcare professional told us they worked closely with staff at Kingscroft in relation to medicines and carried out quality checks, making recommendations to the (registered) manager when necessary. They said staff were responsive to requests and recommendations.

There were sufficient members of staff deployed to meet people's needs. The registered manager told us they 'booked' people in six months in advance and arranged the staffing rotas around that. Staffing levels varied depending on the ratio of staff to people. For example, the people currently staying at the service required one to one staffing and we saw this was provided. The registered manager said there was a minimum of three staff on duty each day and this is what we observed. There was a photo gallery of staff on duty in the living room for people to see. The photographs matched the staff we saw on the day. A member of staff told us, "We are well staffed at the moment." Another said, "Staff levels are increased when needed."

Only suitable staff were recruited. Staff recruitment files contained relevant documents to show the provider had taken the necessary steps to help ensure they employed staff who did not have any convictions or employment history which meant people may be at risk. Documents included records of any cautions or conviction, two references, evidence of the person's identity and full employment history.

People were safeguarded from the risk of abuse. There was a safeguarding policy that guided staff on the correct steps to take if they had a concern and staff knew how to access this. Staff had received training in safeguarding people. Staff understood how to whistleblow if they had a concern that they wanted to report and knew about the role the local authority played in safeguarding people. A member of staff told us, "I would follow the whistleblowing procedures, speak to the manager or go higher." There had been no incidents at Kingscroft which had required the registered manager to submit a notification to us.

Risks to people were identified. For example, one person tended to 'run' so was at risk of colliding with furniture. Their risk assessment was detailed and informative and included measures that had been introduced to reduce the risk of harm. On the day of the inspection the service was undergoing a deep clean.

We heard the registered manager discussing with the cleaners the need to ensure they did not leave their equipment lying around which may result in a risk to people.

Accidents and incidents were recorded by staff and reviewed by the registered manager. Relevant actions were taken to help prevent reoccurrence. For example, one person had showed aggressive behaviour and the registered manager planned the staff rota when they came to stay to ensure they were cared for by staff who knew them well. A member of staff said, "If there is an accident we must remove the risk of it happening again."

In the event of an emergency, such as the building being flooded or a fire, there was a contingency plan which detailed what staff needed to do to protect people and keep them safe. Should people need to be evacuated for a period of time they would be relocated to another of the Trust homes.

Good

Is the service effective?

Our findings

People were protected by staff who understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA protects people who may lack capacity and ensures that their best interests are considered when decisions that affect them are made. Each person's capacity was determined before they used the service and where necessary best interest meetings were held. Staff demonstrated their knowledge of the MCA. One member of staff told us, "It's whether or not people have the capacity and ability to make decisions. We look at best interest meetings and involve a multi-disciplinary team if necessary."

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS ensure that people receive the care and treatment they need in the least restrictive manner. Staff demonstrated to us their understanding of when these should be applied. For example, in relation to the locked front door. The registered manager told us they only submitted DoLS applications for people who staying with them for 14 days or longer and to date this had only applied to one person.

People were cared for by staff who had the appropriate skills and training. This included training specific to the needs of the people they cared for. For example, epilepsy or gastrostomy (being fed by a tube) care. New staff underwent an induction training for one week shadowing more experienced staff. Following this they completed the Trust mandatory training within three months. Training included, health and safety, manual handling, infection control and food hygiene.

Staff had the opportunity to meet with their line manager on a regular basis for supervision and appraisal which meant they received the support they needed. Supervisions and appraisals are important as they enable management to check staff are putting their training into best practice and they give staff the opportunity to discuss any aspect of their work with their manager. A member of staff told us, "The managers are observing all the time."

People could choose what they had to eat and drink. Each week the menu for the week was chosen by the people who were currently staying at the service. Food choices were displayed on a board in the dining area in pictorial format for easy reference. If people did not like the choice for the day they could have an alternative.

Where people had identified risks in relation to diet, care records contained information for staff to make them aware of these risks. For example, one person who stayed at the service was at risk of choking and required thickeners in their drinks. This was clearly documented in their care records. Another person required their food to be cut into bite sized pieces. (Neither of these people were staying at the service on the day of our inspection). This was included in their care records and staff were able to tell us this information when we asked them.

People were supported to access external health care professionals should they require them. Evidence in

people's care records showed that external health care professional advice and input was sought when appropriate. For example, the Speech and Language Therapy team. Although people did not stay at the service for long periods, staff involved the GP or other health professionals as and when the need arose.

Good

Is the service caring?

Our findings

We received positive feedback from people and relatives about the service. One person said, "I love Kingscroft. The staff are very kind." Another person told us they liked it there and staff were, "Nice and kind" to them. One relative told us, "He loves going." Another said, "It's been a godsend and made such a difference to her." A third relative told us, "I trust them, they help him with things. They (staff) are confident, caring and responsible." All relatives told us their family member was happy to go to Kingscroft. A relative said, "Kingscroft have been a vital part of enabling me to cope. I have nothing but praise."

Staff respected people's individuality. People were encouraged to make the rooms they stayed in their own. For example, they could bring in their own personal belongings. Some people preferred to stay in particular rooms and where possible the registered manager would accommodate this. One relative confirmed this. They said the registered manager would always try to move people around in order for their family member to have their favourite room. One relative told us their family member took in their CD player and another relative said their family member brought in their own items. One person we spoke with said they took in their own things and they felt, "Nothing could be better."

Staff were able to anticipate people's needs and showed positive interaction with people. For example, one person led us to the television screen which had the radio tuned in on it. Staff told us it was because they wanted the music turned up. Staff did this and the person lent their head against the screen enjoying the beat of the music. Staff smiled and commented to the person how much they liked music and could see they were enjoying it.

Staff responded to people's requests. For example, one person had asked that they, 'go to the pub' whilst they stayed at Kingscroft. We read in their daily records that staff had supported them to do this.

People were cared for by staff who knew them. Despite people staying at the service for short periods of time, staff were able to describe people to us in detail. They could tell us what they liked, how they liked to spend their time and how they communicated their needs. A healthcare professional told us staff appeared to know people well and had an established process for getting to know new people.

People were encouraged to be independent and make decisions when they could. One person told us they stayed in the same room each time they went to Kingscroft and they got a choice of food they wished to eat. Another person said, "I can make my own decisions about what I want to do." They said they helped out making cakes, washing up and putting things away. A member of staff told us, "We don't do things for them (people) all the time. We look at people's skills and improve them."

People were cared for by staff who cared for them. We saw staff interact with people and show a caring attitude towards them. We heard them point out objects of interest and take the time to make general comments. A member of staff said, "The most important thing is building a rapport and that people trust me." They added, "We must not patronise people." Another member of staff said, "Smile at people. People will focus on your non-verbal signs." A healthcare professional told us they had observed staff being,

"Attentive and caring and respectful of people's dignity." Another said when they had been at the service they had felt people were, "Treated well in what is a very homely, welcoming environment."

Visitors were welcome at any time. Relatives told us staff were kind and willing and were good at communicating with them. Some relatives told us they attended the carers meetings.

Good

Is the service responsive?

Our findings

Staff demonstrated they were flexible in their approach to meeting people's needs. People were enabled to go out as much as possible and although there were set activities these were flexible and adapted dependent on how people felt. For example, we saw one person indicate to staff they wished to go out for a drive, rather than participate in their planned activity in the service. Staff respected their wishes and they went out with this person for a drive and some lunch. Staff told us the previous day they had gone to a local park to see the ducks which people had enjoyed.

The registered manager said that each week they sat down with whoever was staying at the service at the time to discuss activities they would like to do during the week. Where necessary staff used pictures to help people select their preferences. Activity choices were also written on the pre-admission form which was completed when people came to stay. A relative told us their family member went out to the shops or the cinema which was what they enjoyed. There was also a sensory room (equipped with items that created sensations that could assist relaxation, or stimulate people's senses) at the service which we saw one person use during the morning. Staff told us they had held a team day to discuss activities to 'build up' on the choice and variety on offer. They told us, "The aim is to get people's interest going."

People had a full needs assessment carried out before they used the service. This included detailed information about their care needs, together with the required staffing support. These assessment formed the basis of the person's care records. Assessments were reviewed and updated the day before a person used the service and formally reviewed every six months. A 'discharge' record was completed when people moved back to live with their families.

Care records were comprehensive and detailed people's care needs meant staff could provide care reflective of the most up to date information for that person. The records contained information on people's dietary and personal care needs, mobility and activity preferences, behaviour or emotional needs and daily preferences. For example, we read someone preferred a bath, rather than a shower.

Each person had a keyworker when they stayed at the service. The keyworker was responsible for ensuring the person's care plan was up to date, activities were organised and any changes to the person's care needs were identified, recorded and action taken if appropriate.

People's up to date care was discussed during handover. This ensured staff knew the latest information about a person. A member of staff told us, "We do staff handovers regarding people and discuss potential risks." Another staff member said, "Any changes you would tell staff at handover and write up in the progress notes."

Complaint information was made available to people in a way they would understand. This was displayed clearly for people. For example, in pictorial format. One complaint had been received in the last twelve months. This was in relation to a lack of communication by staff. The registered manager had dealt with this promptly and appropriately. A relative said staff had dealt with any problems well We read compliments

from people which included a family member thanking staff for the care they showed their family member.

Good

Is the service well-led?

Our findings

We asked relatives if they felt the service was well managed. One told us, "Management are always willing to talk anything through with me. I feel motivated to leave him with them (staff) because of their knowledge." Another said, "I have a good relationship with the manager and staff and a lot of confidence in them." A healthcare professional told us their experience of working with the registered manager had been positive. They felt she was proactive in seeking training and learning opportunities for staff, was knowledgeable and caring about the people who used the service.

The provider undertook regular quality assurance audits to help ensure a good quality of care was being provided at the service and there was a safe environment for people to live in. For example, a health and safety audit, monthly quality audit and a medicines audit. We saw some actions had been identified and those within the control of the registered manager had been completed. For example, to update all the staff photographs on the board in the lounge area. Other actions, for example, to fix the dividing doors between the lounge and dining area, were awaiting the Trust's maintenance team to complete.

Staff said they felt supported. One member of staff said, "We had a lot of support when we first came her. We didn't just get thrown in. We got to meet the team." Another staff member told us, "Absolutely fantastic manager and supportive. Staff know what is expected. If something isn't done she (the registered manager) will address it."

Staff understood the values of the service. A member of staff told us, "We provide a home from home service. It's not just about a break. We help people to make new friends." This was reiterated by one person who told us if they could change anything it would be for more people to be able to use the service so they could make more friends.

Staff were involved and kept up to date in the running of the service via team meetings. Regular meetings were held during which time staff discussed training, staffing and general issues related to the service or the Trust.

Relatives were encouraged to give their feedback about the service. The registered manager held carers meetings for the parents of people who used the service regularly. This enabled them to discuss all aspects of the service and to feedback any ideas they had. The registered manager listened to suggestions that were made. For example, patio doors had been fitted in the lounge/dining area and the opaque covering on bedroom windows removed following parent's feedback.