

Achieving for Children Community Interest Company

The Windham Croft Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Windham Croft Centre is a domiciliary care agency providing care and support to people living in their own homes. At the time of the inspection seven young people using the service were receiving personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People received a service that was safe for them to use and for staff to work in. The quality of the service was regularly reviewed, and changes made to improve people's care and support as required. This was in a way that best suited people. The provider maintained well-established community working partnerships that promoted and enhanced people's quality of life and reduced their social isolation.

Right Care

There were suitable numbers of appropriately recruited and trained staff who supported people to live in a safe way and enjoy their lives. Any risks to people and staff were assessed and monitored. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded appropriately. Trained staff safely administered medicines to people, if required.

Right culture

The service leadership and management was transparent with an honest, open and positive culture. The provider's vision and values were clearly defined, and staff understood and followed them. Staff were aware of their responsibilities, accountability and prepared to take responsibility and report any concerns they may have.

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.

Rating at last inspection

The last rating for this service was good (published 5 June 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Windham Croft Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Windham Croft Centre

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

This inspection was carried out by one inspector.

Service and service type

The Windham Croft Centre is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides short break domiciliary care for children and young people 0-18 who have learning disabilities, autistic spectrum disorder or a physical disability.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. The service was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke in person with the registered manager. We spoke with one young person using the service, seven relatives, two healthcare professionals who have regular contact with the service and six staff to get their experience and views about the care provided. We reviewed a range of records. This included two young people's care plans and risk records. We looked at two staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including risk assessments, audits, and quality assurance information. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff rotas and training information, and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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.
- One young person using the service did not directly comment on their safety. They did say that they liked the staff who supported them and enjoyed their company. The relatives of other young people commented on their behalf. A relative told us, "I don't feel anxious when they are looking after [person using the service]." Another relative said, "They know exactly what they are doing and go out of their way to make everything work." A staff member told us, "I feel safe working within the service and that it is safe for young people."
- Any possible abuse was identified, by trained staff who took appropriate action if it was encountered. Staff knew how to raise a safeguarding alert if required. There was no current safeguarding activity. A safeguarding procedure was included in the provider's policies and procedures and was available to staff.
- Staff advised young people how to keep safe and if there were areas of individual concern about young people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- The young people were able to take acceptable risks and enjoy their lives safely. This was because staff supporting them followed risk assessments that included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed to keep them safe. A relative told us, "We are very pleased with the care [young person using the service] gets. They are very professional and are very strict about having the right medication details etc."
- The staff were familiar with the young people's routines, preferences and identified situations where they may be at risk and acted to minimise those risks. A relative said, "They are very familiar with [person using the service] and understand the support they need and how to give it." A staff member told us, "Each young person has paperwork updated six monthly including their home and community agreement and risk assessment. This means there is always current, relevant and updated information. There are also consent forms that needs to be resigned every six months including medical, invasive procedures, and outings."
- Regular home and community aiming high meetings were attended by staff where measures needed to keep young people using the service safe, whilst enabling them to take acceptable risks and have a full and varied life, were discussed individually. This included progress they were making and was fed back to parents. The meeting also identified specific training needs for staff regarding the individual young people.
- There was a lone working policy to keep staff safe. A staff member told us, "I feel well looked after when working out of hours. The management team created a WhatsApp group for us to let them know when we have finished a session and are at home or have arrived where we need to be next, so they know we have left the home environment safely."

Staffing and recruitment

- The staff recruitment process was thorough, and records showed that it was followed. Prospective staff were required to complete an about me guide and undertook two interviews, one conducted by a manager and the other by two young people who were members of the recruit's crew. After the two interviews, the manager met with the recruit's crew and a final decision was made, with successful applicants required to pass both interviews. The about me and the recruits crew interviews gave a very good understanding of how the candidate interacted with young people with a disability and if they had the knowledge of how to adapt their communication to meet their needs.
- References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a six-month probationary period with reviews. This could be extended if required so that staff can achieve the required standard of care skills.
- There were suitable numbers of staff available to meet the young people's needs and provide them with flexible care. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. One relative said, "The support worker is an angel. They are my lifeline."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered and regularly audited. The storage and disposal of medicines was the responsibility of the young people's parents.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "COVID-19 measures are still in place. For example, staff wear masks when supporting young people. We are provided with lateral flow tests so that we can test twice a week. We are encouraged to take a test before working with more vulnerable children. Staff members also have regular COVID risk assessments."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- The provider kept accident and incident records and there was a whistle-blowing procedure that staff said they were comfortable using. If there was an accident within the support service, the accident management system required the sessional support worker to complete a form remotely indicating the time, location and details surrounding the incident. Once completed it was assigned to a manager in the service for review.
- The provider analyzed and reviewed any safeguarding concerns, complaints, and accidents and incidents to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from being repeated. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service was safe.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had a culture that was person-centred, positive, open, inclusive, and empowering that achieved good outcomes for people.
- Whilst the young people did not comment regarding how well-led the service was their relatives did on their behalf. A relative said, "The office [staff] are really supportive and it's an excellent service." Another relative commented, "The organisation is a well-oiled machine and we have a very good relationship, particularly with our co-ordinator." A staff member told us, "I have been working in the service for almost 10 years. Throughout this time I have had the same [registered] manager and felt supported in all of the roles I have undertaken, hence why I am still in the service today."
- Relatives told us the registered manager and management team were good and the service well-run. Staff worked hard to meet the young people's needs, make their lives enjoyable and they reflected the organisation's vision and values when carrying out their duties. A relative said, "I would give them five stars." A staff member said, "I feel supported by registered manager. I have a physical condition that can sometimes impact my work. My personal needs are listened to and accommodated." The feedback from healthcare professionals was that the service was well-led.

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 provider understood their duty of candour responsibilities and were open and honest with people when things went wrong.
- The young people and their relatives were told if things went wrong with their care and support and given an apology. This was due to the positive contribution made by the registered manager and staff. The young people and their relatives were listened to and their wishes acted upon. One relative told us, "They always give us good feedback on what [person using the service] has done during the day, and they call in case of any urgent questions etc."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were fully aware of and understood their roles, the quality assurance (QA) systems and clear lines of communication were in place. One staff member told us, "I feel guided and supported and feel the leadership is well prepared and experienced."
- The provider had a digital system that simply transitioned information, including a support tracker that

recorded when people required support, if this had taken place and if this had been cancelled and reason such as family going away or support worker unwell. This enabled the service to run efficiently, by not wasting time on unwanted calls and cover being provided at short notice.

- Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the feedback from relatives and healthcare professionals. The (QA) systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents and visits taking place on time.
- The clinical and environmental audits were thorough, carried out by the registered manager, managers, staff, and provider and regularly reviewed and kept up to date. The information was forwarded to an internal data controller to be collated and forwarded to the Clinical Governance Group and Performance and Quality Improvement Committee (PQI) for scrutiny. This meant young people received an efficiently run and managed service.
- The records kept demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- The young people, their relatives, staff and the public were engaged by partnership working.
- The young people's and their relative's views were sought by telephone, visits, spot checks and feedback questionnaires and surveys. The young people's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.
- Relatives said they had regular contact, which kept them informed and adjustments were made from feedback they gave. A relative told us, "Sometimes the office is difficult to get hold of, although this is a very minor concern as the overall service is so good." Another relative said, "The planning for dates is well organised and they are very accommodating to our needs."
- There were close links with services, such as speech and language therapists, physiotherapists, occupational therapist and learning disability nurses.
- There were regular information updates for young people and their relatives in the form of a newsletter that told them what was happening at the service.
- A representative from the service also attended the monthly Richmond Parent Carer Forum to share and receive information.

Continuous learning and improving care

- The service improved care through continuous learning.
- Policies and procedures were available regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The provider and staff used the complaints system to learn from mistakes and improve the service.
- Young people and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- People, their relatives and staff told us they were given the opportunity to voice their views about the

service. One relative said, "They [provider] always work with us."

- There were contact diary sheets that were part pictorial and completed by both the young person and support worker. These were used to identify if activities had worked, were enjoyable and if they needed to be continued, reviewed or changed.
- The support team sat within an extended service for children and young people with a disability and worked closely with health colleagues who provided training and advice including the local authority social work teams.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, three-monthly supervision and staff meetings so that staff could have their say and contribute to improvements.
- The service built good links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- There was a directory of organisations and useful contacts that was regularly added to and updated.