

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 11 April 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is located in the Richmond area and provides short break domiciliary care for children and young people 0-18 who have learning disabilities, autistic spectrum disorder or a physical disability.

At the last inspection on 12 February 2016, all 5 questions were rated good with an overall rating of good.

At this inspection all the key questions were rated good with an overall rating of good.

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 was on leave during the inspection and we conducted the inspection with senior members of the organisation.

Due to the communication challenges presented to children and young people when being interviewed by telephone, the views of their parents were sought. Young people and their parents were satisfied with the care and support that the Windham Croft Centre provided.

The organisation's records were kept up to date and covered all aspects of the care and support provided for young people including the choices they had made and that they were being met. The documentation was in electronic data rather than paper form, clearly recorded and fully completed. It was regularly reviewed and this enabled staff to perform their duties well.

Staff were made aware of their responsibilities towards the young people, regarding the tasks they performed and the way that young people preferred to be supported. Staff support was focussed on the young people as individuals and provided in a professional, friendly and kind manner.

Staff understood that they must treat the young people equally and respect their diversity and human rights. Young people's relatives said they felt they and the young people were treated fairly.

Staff had received appropriate training, were knowledgeable and made themselves accessible to young people and their relatives. Staff said the organisation was a good place to work and they enjoyed their work.

Staff encouraged young people and their relatives to discuss health and other needs with them and passed on agreed information to GP's and other community based health professionals, as required. Staff protected young people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure their likes, dislikes and preferences were met.

The organisation was aware of the Mental Capacity Act (MCA) and its responsibilities regarding it.

The young people's relatives said that the registered manager and management team were approachable, responsive, encouraged feedback and consistently monitored and assessed the quality of the service provided.

The health professionals that responded said that they were happy with the service provided.

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 Good.'	Good ●
Is the service effective? 'The service remains Good.'	Good ●
Is the service caring? 'The service remains Good.'	Good ●
Is the service responsive? 'The service remains Good.'	Good ●
Is the service well-led? 'The service remains Good.'	Good ●

The Windham Croft Centre

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 checked 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 announced inspection and took place on 11 April 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider 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 also considered notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 31 young people and children receiving a service that was provided by 11 field and two office staff. During the inspection, we contacted fifteen relatives, 11 staff and seven health care professionals. We also spoke with the Home and Community Support Manager and Short Breaks and Family Support Manager during the office visit.

We looked at three young people's care plans and two staff files. We also checked records, policies and procedures and maintenance and quality assurance systems.

Is the service safe?

Our findings

Relatives told us that the organisation provided a safe service with enough staff to meet young people's and children's needs appropriately and when required. Young people did not comment directly regarding feeling safe when using the service. One parent said, "The Windham Croft Centre offers a safe and caring environment." Another parent told us, "I definitely feel my child is safe and the staff are caring and thoughtful in how they work."

The agency carried out risk assessments with young people and children and their relatives that enabled them to take acceptable risks as safely as possible and also protected staff. The risk assessments covered activities that would be participated in at home and in the community, and were monitored, reviewed and upgraded as needed. Areas included health, vulnerability, running away and mobility and communication. Relatives said that they were encouraged to input and make suggestions whenever possible. The staff said they shared information regarding risks to young people with the office and other members of the team, if appropriate. They told us they were familiar with the young people. They were able to identify situations where the young person may be at risk or in discomfort and took action to minimise the risk and remove any discomfort.

The risk assessments included instances where young people may display behaviour that others could interpret as challenging and that may put themselves and staff at risk. Staff were trained in de-escalation techniques and any intervention was recorded and discussed at clinical governance meetings. There were accident and incident records kept, that were up to date. Staff had also received training in infection control and relatives said their working practices reflected this.

Staff were aware of what constituted abuse and the action they were required to take if they encountered it. The organisation protected young people by providing staff with policies, procedures and training regarding abuse and harm. Staff were aware of the lone working policy.

Staff knew and were trained in how to raise a safeguarding alert and when this was necessary. The organisation provided staff with a handbook that contained safeguarding, disciplinary and whistle-blowing information. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The staff recruitment procedure was robust and included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. There were two interviews, one conducted by the management team that included scenario based questions to identify people's skills, experience and knowledge of the care field they would be working. The other was by the 'Recruits Crew' who were young people who accessed the service and assessed the suitability of candidates from their perspective. Prospective staff were required to fill in an 'All about me' guide that was in an easy to understand format, contained a photo, outlined likes, dislikes, experience and why I want the job. References were taken up and work history as well as disclosure and barring service (DBS) checks carried out prior to people being employed. There was a six months probationary period with regular reviews. All

stages of the process were recorded.

Staff safely administered and prompted young people to take medicine as required. Staff were trained and the training was refreshed annually. They also had access to updated guidance. The agency checked and monitored young people's medicine and records. The records were signed off by relatives and there were six monthly meetings with them.

The health professionals that responded said the service provided was safe.

Is the service effective?

Our findings

The organisation fully involved young people and their relatives in making decisions about the care and support needed and how and when this would take place. Relatives told us that staff understood the young person's needs, met them skilfully, in a patient and supportive way and the type of care and support provided was what was needed. Staff said they regularly checked with young people and relatives that the care and support was meeting their needs. This was also monitored as part of the agency quality assurance system. Staff were suitably trained to complete the tasks that were required. One relative told us, "[child] loves going and the staff seem very thorough (in terms of his epilepsy medication), caring and enjoy working with our [child]. He loves going there and always runs in the door." Another relative said, "A real help to us, very encouraging my daughter enjoys doing different activities and it has made such a difference."

Staff received a comprehensive induction and mandatory annual training. The training was based on the 'Care Certificate Common Standards' and included health and safety, values, disability awareness, fire safety, recording, personal care and communication. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. There was also young person and service specific training provided such as nasal gastro feeding.

Staff also received equality, diversity, sexuality and human rights training that enabled them to treat everyone equally and fairly whilst recognizing and respecting people's differences. This was confirmed by relatives.

There were regular spot checks to provide support and monitor progress. Shadowing was also included as part of the staff client handover process. Staff meetings, supervision and annual appraisals were partly used as opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. Staff were provided with training and development plans.

The young people's support packages included health, nutrition and diet information, including allergies and if required staff monitored food and drink intake, although this was primarily the responsibility of parents. The risks assessment also covered dietary needs, food they liked and risk of choking. Particularly if out in the community, staff advised and supported young people to make healthy meal choices and said that if they had any concerns they raised and discussed them with the family, young person, office and GP, as appropriate. Records demonstrated that the agency made referrals to and regularly liaised with relevant community health services.

There were service contracts that contained consent to receiving a service from the agency that were signed by the young person or their relatives as appropriate. The agency had an equality and diversity policy that staff were aware of, understood and followed.

We checked whether the service was working within the principles of the MCA and that applications were made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The management team was aware that they were required to identify if the young people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

The health professionals that responded said the service provided was effective.

Is the service caring?

Our findings

Relatives told us that staff treated the young people and themselves with dignity and respect. One relative commented, "The team appears highly engaged, responsive and very committed to keeping our son safe, clean, happy, and participating in the environment. Staff listen, they look out for him, and we are most pleased to have this service to give [child] fun and happiness, and me and my husband some much needed respite time together." Another relative told us, "Staff are very encouraging and make such a difference to our [child]." A further relative commented, "Staff are so friendly and polite. My child loves her support worker." Everyone felt listened to and their opinions valued. This was enabled by the training staff received in respecting young people's rights to dignity and treating them with respect. The young people and their relatives told us this was demonstrated by the caring, compassionate and respectful support staff provided. This was delivered in a friendly, helpful and professional way that reflected the agency's philosophy of enabling young people to make their own decisions regarding the support they needed, when it was required and the way in which it was delivered.

The relatives were positive about having care staff that were consistent in their approach to meeting needs and preferences. This showed a person-centred approach to the care that was provided. Staff arrived when needed, carried out agreed tasks and stayed the agreed time. They also recognised the importance of their roles in establishing relationships with the young people and enriching their lives.

Staff were knowledgeable about the young people they supported and described young people's needs, preferences and choices they had made that demonstrated they knew the young people and their relatives well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training and contained in the staff handbook.

The health professionals that responded said the service provided was caring.

Is the service responsive?

Our findings

The agency sought the views of the young people and their relatives and they were fully consulted and involved in the decision-making process before the agency provided a service. A relative told us, "The Windham Croft Centre offers a safe and caring environment for my child." Another relative said, "A real help to us, [child] really enjoys doing different activities."

The young people's relatives felt confident that they received personalised care which met their needs. We were told that the agency responded swiftly if there was a problem with staff or the timing of the support provided and quickly resolved it. Relatives said staff enabled them and the young people, where practicable to decide things for themselves, listened to them and action was taken if required. Staff said it was important to understand young people's opinions and those of their relatives so that the support they provided could be focused on individual needs.

Relatives confirmed that the agency had provided suitable information about the service that was easily understandable and helped them and the young people to decide if they wanted to use it. The information outlined what they could expect from the agency, the way the support would be provided and the agency expectations of them.

Having received an enquiry, the registered manager carried out an assessment visit, during which they established the care and tasks required to meet needs, frequency of visits, timing and agree them with the young people and their relatives. When the assessment was completed a contract set out the package of support and roles and responsibilities of all parties involved in the support of the child or young person. This included tasks to be undertaken, activities, likes and dislikes, communication, eating and drinking, personal care and behavioural support. The aim was to make sure that everyone worked in partnership, to make the experience valuable and enjoyable for the child or young person.

The care package contracts contained 'Smart' goals' which identified progress made and were discussed and shared by appropriate agencies such as schools and physiotherapists. Staff were provided with training that enabled them to set 'Smart' goals and these were discussed during team meetings and supervision. The contracts were person focused and young people were encouraged to take ownership of and contribute to them where appropriate, as well as input from relatives. Their needs were regularly reviewed, re-assessed with them and their relatives and contracts changed to meet their needs. Personal information was also clearly identified including race, religion, sexual orientation, disability and beliefs. This information enabled staff to understand the young people's needs, their preferences and choices and respect them. The information gave staff the means to provide the care and support that was needed. The agency matched staff to the young people they supported according to their skills and identified needs and preferences.

The agency did not provide end of life care.

The young people's relatives said that they were aware of the complaints procedure, how to use it and would do so on the young person's behalf, if they were unable to do so. The procedure was included in the

information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable young people to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training.

The health professionals that responded said the service provided was responsive.

Is the service well-led?

Our findings

Relatives were comfortable and happy to speak with the registered manager and office staff to raise any concerns or suggestions they may have. They told us the office provided regular telephone communication and they liked that the agency was responsive to them. A relative said, "We are very happy with the quality of safety, care, cleanliness and security." Another relative commented, "A very well run service." A further relative told us, "A fabulous, fabulous organisation, long may it continue."

The agency had a clearly set out vision and values that staff we spoke with understood and embraced. They were explained during induction training and regularly revisited at staff meetings.

The agency's culture was open and supportive with clear, honest and enabling leadership. This was also reflected in the comments of field staff. One staff member said, "My [Registered] manager is very supportive and approachable. As well as offering supervision sessions, I am able to reach her by telephone, email or text whenever I need help or advice, or to inform her of new developments with the children and young people that I am supporting. I am kept informed of mandatory training courses and am regularly encouraged to attend training courses for my own personal development. I feel that the service does all that it can to help young people and their families, providing a valuable and well run service." Another staff member told us, "We are regularly kept up to date of different training that is taking place, and if there is any training we would like to do they will set it up for us. Also in regards to meeting the young person's needs safely we are always put with a young person who the managers know we will be able to properly look after, and each child has an in depth folder that we look at the start of each session so we know exactly what their needs are."

The agency and staff worked hard to prevent young people from becoming socially isolated by encouraging them to join activity groups in the community where they could mix with their peers, learn new skills and have fun.

Staff said the registered manager; agency and office staff gave them good support and were available when needed. They were in frequent contact and this enabled staff to voice their opinions and exchange knowledge and information. This included regular minuted staff meetings. Staff thought their suggestions to improve the service were listened to and given serious consideration. They also had access to a whistle-blowing procedure that they would feel confident using.

Staff said that they enjoyed working for the agency and the staff files demonstrated that regular quarterly staff supervision and annual appraisals took place that included input from people and their relatives. There was also a monthly sessional worker newsletter that kept staff, young people and their relatives in contact, up to speed with any new developments and which they were encouraged to contribute to.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records showed that two random spot checks per month and service reviews took place. The reviews also confirmed what worked for young people, what did not and what was considered the most important aspects of the service for them. Frequent phone contact quality checks took place with young people, as appropriate and their relatives.

The agency and organisation carried out four audits per month, two young people's and two staff files. Other audits included two monthly operational 'Practice Days'. These were a thorough audit of electronic files carried out by senior managers throughout all the services within the organisation. The audits took 2 days to complete and identified how services were performing, areas that required improvement and areas where the agency performed well.

There were online and paper questionnaires that young people were encouraged to complete and six monthly relatives' surveys.

We saw that information was kept securely and confidentially observed for digital and paper records.

The health professionals that responded said the service provided was well led.