

Royal Borough of Kensington & Chelsea St Quintin Centre For Disabled Children & Young People

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: St Quintin Centre for Disabled Children & Young People offers group activities, advice, support and a home care service for disabled children and young people up to the age of 18 years and their families. Children and young adults have a range of needs including learning and physical disabilities and long-term health conditions. The service is run by The Royal Borough of Kensington and Chelsea. Our inspection findings relate to the home care service within St Quintin's Centre for Disabled Children and Young People only. At the time of the inspection three children were receiving support with personal care.

People's experience of using this service:

- Children and young people using the service were supported by kind and supportive staff. Relatives provided positive feedback about the caring relationships staff had developed with their family members
- The needs of children, young people and family members were considered by a panel of health and social care professionals before being referred to the service.
- Outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. People's care and support was person-centred, proactive and coordinated. Support and interventions were provided in the least restrictive way and children and young people were supported to partake in meaningful and enjoyable activities.
- Each person using the service had a comprehensive care and support plan in place. Staff supported people to manage behaviours that may challenge others in line with best practice.
- Generic risk assessments were completed for each person using the service. Some sections of people's care and risk management plans were not always kept up to date. Following our inspection the manager provided us with further detailed risk assessments where children and young people are participating in specific leisure activities.
- Staff completed safeguarding training and understood how to safeguard children and young people from the risk of possible abuse.
- Staff completed an induction period that included shadowing more experienced members of staff before working with children and young people on their own. Staff told us they were well supported by the management team.
- Staff demonstrated an understanding of consent and capacity issues in relation to mental health legislation.

- People were supported to eat and drink enough where this formed part of an agreed package of care.
- The service was working in partnership with other agencies, services and providers.
- When incidents had taken place or complaints had been received, the manager acted on these and investigated what had taken place.
- Incidents, accidents, concerns and complaints were discussed at team meetings and in supervision sessions with a view to promoting understanding and learning.
- The manager was aware that quality assurance systems required further development to ensure the service was consistently safe and effective.

Rating at last inspection: This is the first inspection we have carried out since the provider registered with the Care Quality Commission in April 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: We found a breach of the regulations in relation to good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service required improvement.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Requires Improvement ●

St Quintin Centre For Disabled Children & Young People

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: St Quintin Centre for Disabled Children & Young People provides a home care service to children and young adults with a range of needs including learning and physical disabilities and long-term health conditions. Not everyone using St Quintin's Centre for Disabled Children and Young People receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not yet have a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection: We gave the service three days' notice of the inspection because we needed to be sure the manager would be available to assist us with the inspection.

Inspection activity started on 7 March 2019 and ended on 25 March 2019.

What we did: Before the inspection took place, we reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection:

- ☐ We visited the provider's office location
- ☐ We reviewed three people's care plans and related documentation
- ☐ We looked at 5 staff recruitment files
- ☐ We reviewed records related to the management of the service including policies and procedures developed and implemented by the provider
- ☐ We spoke with three staff members. This included the manager, a team leader and a play worker.

Following the inspection, we contacted the parents of two children being provided with a service and a further three members of support staff to obtain their views.

Is the service safe?

Our findings

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

Requires improvement: Some sections of people's care and risk management plans were not always kept up to date.

Assessing risk, safety monitoring and management

- Staff completed generic risk assessment checklists to identify known risks to children and young people's health, safety and welfare. Risk assessments calculated the likelihood and consequences of certain situations and behaviours. However, assessments did not always provide clear guidance on actions to take to keep children and young people safe from harm. Some sections of people's care and risk management plans were not always kept up to date. For example, one person's risk assessment was dated 13 July 2017 and had not been reviewed since that date. Another health and safety risk assessment completed on 5 June 2018 stated that a review was due in September 2018 but there was no supporting evidence available to confirm that this review had taken place. Risk assessments were not always dated or signed by staff and parents to evidence agreement to the provision of services.
- Specific risks for children being supported to travel via public transport and attend local swimming and activity centres had not been identified at the time of our inspection. Following the inspection, the manager sent us copies of activity risk assessments demonstrating that risks to children and young people have been identified for the above activities. These updated assessments demonstrated that guidance was now in place to ensure known risks were mitigated and minimised appropriately.
- Staff told us that parents were always given a verbal account of the support provided to their family member following visits and activities. Staff were required to complete a feedback form to record information and details of the care and support they had provided which parents were asked to sign. However, these records were not always being completed by staff and therefore a complete and contemporaneous account of services provided was not always available for quality monitoring and review purposes.

Systems and processes to safeguard people from the risk of abuse

- A parent we spoke with told us, "I think [my child] is safe, I'm happy with the service and what they are doing for [my child]." Another parent told us, "[My child] is safe and happy. I have complete peace of mind and it's so nice to be able to put your trust in them."
- The provider's safeguarding policies provided staff with clear guidelines in relation to identifying, reporting and preventing abuse.
- Staff told us they were up to date with their safeguarding training and clear about the action they would take in order to keep children and young people safe including; reporting any concerns to the management team and using the provider's whistleblowing policy.

Staffing and recruitment

- Staff records showed that the provider completed all the necessary pre-employment checks so that only fit and proper applicants were offered employment.
- We saw that criminal records checks had been completed and reviewed as required and that the provided

had obtained proof of identity. Suitable employment references had been obtained for each member of staff.

Using medicines safely

- The direct administration of prescribed medicines was normally undertaken by the parents of children and young people using the service.
- Staff supported children and young people with their medicines only where this formed part of an agreed package of care.
- Staff received appropriate training in how to manage medicines and completed medicine administration records (MAR) as required. A member of staff told us that they sometimes supported a child with their inhaler. They confirmed, "I have a meds sheet, I ask [the parent] to read and sign if I've administered it."

Preventing and controlling infection

- Staff received training on infection control and had access to protective personal equipment.
- Care records reminded staff how to promote and support good hygiene for the children and young people they supported.

Learning lessons when things go wrong

- Staff were familiar with procedures and policies in place for recording and reporting accidents and incidents.
- Meeting minutes demonstrated that the staff team considered their practice and discussed where they could do things differently to improve the support they provided to children and young people.
- A senior member of staff provided examples of where documentation formats had been amended to improve service delivery.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: Parents confirmed that the support provided promoted consistently good outcomes for their family members.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Parents were involved in the initial assessment process carried out by senior staff. Staff met with parents to discuss the care and support required and to collect information about people's likes and dislikes, strengths and challenges and personal goals. Staff produced support plans based on this assessment information.
- Established good practice guidelines state that where appropriate and possible the voices of children and young people should be heard and considered when care and support is being planned. It wasn't always clear whether children and young people had been involved in the care planning process.
- Staff followed people's support plans to ensure the needs of children and young people were being met appropriately.

Parents confirmed that support plans were reviewed and updated if and when needed. A parent told us, "I have a care plan. We discussed this before. The final plan is fine." Another parent told us, "[Staff] always ring me up if it's time for a review, they always talk to me or put it in a text."

Staff support: induction, training, skills and experience

- New staff completed an induction which included elements of the Skills for Care Certificate. The Care Certificate is a set of standards that care and support staff adhere to in their daily working life. Staff spent time shadowing more experienced staff before supporting children and young people on their own.
- Staff completed training in safe moving and re-positioning techniques and the use of hoists to ensure they were supporting children and young people safely. One member of staff told us they would also appreciate being shown how to use specialised wheelchairs.
- Staff told us and records confirmed that they received support through one to one supervision, annual appraisals and group meetings. The manager was aware that some supervision sessions were behind schedule and that some records of supervision still needed to be typed up and filed appropriately.

Supporting people to eat and drink enough to maintain a balanced diet

- Meals were mainly being provided by family members. However, children and young people were supported with snacks and drinks where this formed part of an agreed package of care.
- Staff were aware of any guidelines they should follow in regards to people's preferences and any specific dietary needs.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Care records included key contact details for family members, GPs, social workers and occupational

therapists. Staff told us they were in regular contact with community health and social care teams.

- Children and young people benefitted from consistent care provided by a stable and regular staff team who understood their needs and preferences.
- Children's and young people's support plans noted which staff supported them and staff records evidenced what specialised training they had completed in order to meet their needs.
- Staff knew what action to take in the event of an emergency such as contacting and reporting concerns to the manager, senior staff and health and social care professionals.
- Staff maintained good working relationships with schools, community health teams and social workers to ensure the support provided to children and young people was safe and appropriate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA. This legislation relates to people over the age of 16 years old and there were no young people, using the service, over this age.
- The manager understood his responsibilities in ensuring people were assessed should a young person lack capacity or require restrictions for their safety.
- Staff completed MCA training to ensure they were aware of this legislation and could put its principles into practice when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were respected and valued as individuals.

Ensuring people are well treated and supported; equality and diversity

- Staff built positive relationships with children, young people and their parents. Parents spoke highly of staff and were happy with the support their child received. A parent told us, "[Names of staff members] are lovely, adorable, wonderful and brilliant. They know [name of child] well and [name of child] loves them and they get on really, really well."
- Staff spoke enthusiastically about their work and the relationships they had developed with children, young people and family members.
- Staff were keen to develop skills which would enhance the support they provided to children and young people using the service. A member of staff told us, "I love my job. If I can bring a bit of happiness, the children are happy and the parents are happy."

Supporting people to express their views and be involved in making decisions about their care

- Care documentation was produced in bright, easy read, accessible formats.
- Information about the service was made available to young people and children using the service and their parents. The manager told us that information could also be provided in other formats upon request.
- Staff encouraged children and young people to communicate using different approaches incorporating computer technology, illustrated picture cards and signing. Staff spoke enthusiastically about recent Makaton training they had received. Makaton is a form of sign language, usually used for people who have limited verbal speech and might have a learning disability.

Respecting and promoting people's privacy, dignity and independence

- Parents told us staff respected the privacy and dignity of their family members. People were asked if they had a gender care preference regarding staff who might be providing personal care support and this was acted on.
- A member of staff explained how they promoted people's dignity; "I always close the door, I always talk to the child, talk through the steps of what I'm doing."
- Children and young people were encouraged to do as much as they could for themselves and staff promoted and encouraged independence. Children and young people took part in a range of activities such as swimming, trampolining, visiting soft play areas, parks and museums.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans included information about children's and young people's personal preferences and were focused on how staff should support them to meet their needs.
- Children and young people were allocated a certain number of hours each week. Where possible, children and young people were supported by the same members of staff to provide a consistent approach to care and support.
- Where possible, children, young people and their parents received a flexible service.
- The management team ensured people's needs and any issues were communicated effectively amongst the staff. Information was shared between staff through phone calls to managers, the records kept after each visit and during meetings.

Improving care quality in response to complaints or concerns

- Parents confirmed they knew who to speak with if they wished to make a complaint. A parent told us, "I really needed this service. It's been really good for us. I'm happy, no complaints, I'd highly recommend it for people like me."
- Systems and procedures were in place to deal with complaints effectively.
- Parents were complimentary about the service. However, effective communication was mentioned by staff and parents as an area that required improvement.

End of life care and support

- Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being. Staff told us they reported any concerns they had about changes in people's health status to the care coordinators who in turn made a decision as to whether to contact family members, GPs or other representatives involved in people's care.
- At the time of our inspection staff were not supporting any children or young people with palliative care needs.
- The manager told us that appropriate staff training would be provided in the event that staff were required to support a child or young person nearing the end of their life.

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

Requires improvement: Quality monitoring systems were ineffective.

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

- At the time of our inspection, quality monitoring systems in place were not identifying shortfalls in relation to the completeness and quality of children's and young people's care documentation. Despite the manager's plans to review and update all care and support records by the end of May 2019, we are not assured that effective quality monitoring systems are currently in operation within the service as the matters had not been identified prior to our inspection.

This relates to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A manager has been in post for approximately 10 months. He had not applied to become the registered manager of the service as he was in the process of recruiting a deputy manager to this post.
- The manager had previous experience of managing community services and was committed to effective team working and promoting good communication between the staff.
- The provider had key policies and procedures in place to help them meet health and social care regulations.
- The registered manager was aware of his responsibility to notify the Care Quality Commission (CQC) and other agencies of any safeguarding concerns.
- The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to the care and support provided.

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

- Parents of children and young people using the service were complimentary about how the service was managed. One parent told us, "[The management team] always make time for me."
- The provider involved children, young people and parents in various ways. They had opportunities to contribute their views at review meetings, complete surveys or raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others

- Children, young people and their parents were supported by a range of health and social care

professionals and the staff team worked closely with them to ensure good outcomes for children and young people using the service.

Continuous learning and improving care

- Meetings were held with the manager and team leaders so that those in a senior role could discuss issues, share information and best practice. Meetings also took place with support staff to discuss work practices, training, development needs and staff's well-being. A member of staff told us, "Team morale is pretty good. We've had our ups and down but we generally work well as a team. We've had a lot of discussions about the service, we can voice our opinions, it's a good service."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established and was not operating effective quality assurance systems. 17(1), (2) (a-f)