

## Autism at Kingwood

# Kingwood - Domiciliary Care

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Kingwood – Domiciliary Care provides personal care to people living in their own homes so that they can live as independently as possible. They specialise in providing services to people with autistic spectrum disorder, some of whom may also have learning disabilities. At the time of our inspection there were 34 people using the service. Of those, 28 people lived in shared accommodation in supported living facilities and six people lived on their own in the community. The provider, Autism at Kingwood, provides support to a total of 142 people with autism living in the community. However, this inspection and report only relates to the 34 people receiving the regulated activity of personal care. Their care and housing are provided under separate contractual agreements. CQC does not regulate the premises people live in, this inspection only looked at people's personal care and support. Those receiving support but not receiving personal care are outside the regulatory remit of the Care Quality Commission (CQC).

At our last inspection in November 2015 we rated the service as good overall, with a rating of outstanding in the responsive domain. At this inspection we found the evidence continued to support the same rating and the service continued to meet all the fundamental standards of quality and safety. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 28 February and 6 March 2018. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Why the service is rated good:

People benefitted from staff who were trained and had an in depth knowledge and understanding of people with autistic spectrum disorder and the individuals they worked with. Staff used those skills when developing care plans that were highly individualised to each person. The service was responsive and proactive in recognising and adapting to people's changing needs. Staff were innovative in exploring ways to help people overcome their anxieties, learn new skills and lead a more fulfilling life. People and their relatives knew how to raise concerns and confirmed they, or their family member, were listened to and taken seriously if they did.

Staff were positive about the work they did with the people who use the service. The majority of staff who responded to our requests for feedback felt supported by the management and felt the support they received helped them to do their job well. Some staff did not feel confident about reporting concerns or poor practice to their managers. Some also felt their managers did not always deal effectively with concerns they raised. These concerns were passed to the registered manager and plans were being developed to explore and resolve those concerns by the end of our inspection. Quality assurance systems were in place to monitor the quality of care being delivered and the running of the service.

People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There were sufficient numbers of staff and staff were trained to handle medicines correctly.

People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard. We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's health and social care needs were met and they were supported to eat and drink enough. Staff ensured people had food that met their individual preferences and their diverse needs.

People benefitted from a staff team that was caring and respectful. Staff knew each person well and worked with them in a calm, caring and professional way. People's rights to confidentiality, dignity and privacy were respected. They were enabled and encouraged to develop and maintain their independence wherever possible.

Further information can be found in the detailed findings in the full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Outstanding	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Kingwood - Domiciliary Care

## **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 inspection took place on 28 February and 6 March 2018. It was announced and was carried out by one inspector. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with three people who use the service and received feedback from five relatives. We also spoke with the registered manager, the chief executive officer, the two regional directors, the head of human resources and area managers. We spoke with support workers and observed interactions between people who use the service and staff during the two days of our inspection. As part of the inspection we requested feedback from seven community professionals and received a response from one. We received additional feedback from 32 members of the care staff team in the form of completed questionnaires.

We looked at five people's care plans, daily notes, monitoring records and medication sheets. We saw six staff recruitment files, staff training records and the staff supervision and appraisal log. We reviewed a

number of other documents relating to the management of the service. For example, some policies, incident forms, staff meeting minutes, compliments and concerns records.

# Is the service safe?

## Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Relatives told us they felt their family members were safe from abuse and protected from harm. One relative commented in a survey sent to the service, "I believe my son is protected from abuse at all times and the staff do all they can to protect him from avoidable harm." Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. We saw people were comfortable and at ease with the staff and all told us they felt safe.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with epilepsy. A community professional thought the service and risks to individuals were managed so that people were protected and commented, "Risk assessments [are] in place and up to date. Safeguarding [concerns] are reported."

Staff received training in responding to behaviours that may challenge. The training provided was based on positive behaviour support approaches and plans. With support and input from the provider's clinical psychologist and the autism practice manager, staff developed techniques to help people should they become anxious. The techniques were designed to enable the person to learn and have more control over their own behaviours and were documented in people's care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. We saw people were comfortable with staff and reassured by any actions they took to help reduce their anxiety. In the 2017 relative's survey we saw one relative had given examples of good practice they had seen. They stated, "I recently witnessed [staff name] using a counting technique to calm [Name] down, or rather to allow [Name] to calm himself down before going out, it was very effective."

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. We checked the information the service held about external agency staff they used and found the external agencies were not always confirming they had carried out all required checks. The service contacted the external agencies used and obtained written confirmation that all required recruitment checks had been completed. The registered manager made arrangements to ensure this would always happen in the future.

Staff were provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. A community professional felt there were enough staff to keep people safe and meet their needs.

Emergency plans were in place, for the service as a whole and for each supported living premises. Those plans included emergency evacuation plans, missing person's plans and plans for extreme weather conditions. In the bad weather that occurred in between the two days of our inspection we saw the service

and staff worked together and worked hard to make sure all shifts were covered.

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. The training log confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The records showed appropriate action was taken promptly to deal with any incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. This was confirmed by the relatives we spoke with. The care plans were kept under review and amended when changes occurred or if new information came to light.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory, such as fire safety, handling medicines and food hygiene. All mandatory training was up to date or dates had been scheduled where the training was due. We found staff received additional training in specialist areas, such as autism, Makaton and epilepsy. Some staff had also been trained in monitoring blood glucose levels and administering insulin by injection for one person. This meant staff could provide better individualised care to people who use the service. Relatives thought the staff had the training and skills they needed when providing support to their family members. A community professional thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff were encouraged to study for additional qualifications. Of the total care staff, seven held a National Vocational Qualification (NVQ) in care at level 2, 19 held an NVQ in care at level 3 and two held an NVQ level 5. The provider also had a career development programme. The programme takes staff 10 months to complete and covers different areas of management and personal development. We saw three staff had completed and graduated from the programme in 2016/7. Four staff were on the programme for 2017/8 and expected to graduate in July 2018.

We noted the mandatory training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in basic emergency first aid every three years. However, Skills for Care "Ongoing learning and development guide" sets out that staff training in first aid and basic life support should be at least every three years but recommends that staff skills are refreshed at a minimum of once a year. Other topics recommended for social care staff were not included in the provider's training curriculum, such as recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision four times a year to discuss their work and how they felt about it. We saw the majority of staff had received annual appraisals of their work every year. There were some whose appraisals were overdue but dates were arranged with the staff before the end of our inspection. The majority of staff told us they had regular supervision but there were three staff who told us they didn't. The

supervision log for the service showed a number of staff were due supervision and dates were arranged with staff before the end of our inspection. The registered manager arranged for a new system to be put in place so that appraisals and supervisions could be monitored on a monthly basis in future.

People's rights to make their own decisions were protected. We saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary. Where applicable, she had contacted the people's funding authority to have appropriate assessments carried out and, where indicated, applications made to the Court of Protection for a deprivation of liberty order.

Where meals were part of the care provision, people were able to choose their meals, which they planned with staff support if needed. Where there was concern that someone was losing weight, staff made referrals to the GP. The care plans incorporated advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. People had health action plans. The health action plan held information about a person's health needs, the professionals who support those needs, and their various medical appointments. A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

In the 2017 relative's survey we saw relatives had given examples of good practice they had seen. One relative commented, "[Name] is happy and settled, thanks to the excellent care staff and Kingwood management." In feedback provided to us one relative commented, "I am particularly happy with my son's keyworker."

# Is the service caring?

## Our findings

Kingwood - Domiciliary Care continued to provide a caring service.

People were treated with care and kindness and their rights to privacy and dignity were supported. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. Relatives said staff were caring when they supported their family members. One relative added, "I have found Kingwood to be a genuinely very caring organisation with a strong commitment to providing specialist care for people with autism." A community professional thought the service was successful in developing positive caring relationships with people. They also thought staff promoted and respected people's privacy and dignity. They told us, "Staff are able to build a successful and caring relationship with the people they support. Staff deal with the most challenging circumstances and when I reviewed the service I saw evidence of staff being respectful and caring."

People's wellbeing was protected and all interactions observed between staff and people who use the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and what they liked to do. People and their relatives were involved in their annual reviews. Relatives said staff knew how their family members liked things done and confirmed they were involved in planning their own care as far as they were able.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and staff we spoke with knew the needs of each person well.

People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service. People's equality and diversity needs were identified and set out in their care plans. We saw staff were respectful of people's cultural and spiritual needs.

In the provider's 2017 relative's survey we saw a number of comments demonstrating how caring the staff were. One relative commented, "[Name] has an excellent team supporting him. They all know him well and he feels safe and respected by all of them." Another relative commented, "My son's house manager and her assistant ensure my son received excellent care. They are both very approachable and always ready to discuss and address [issues]. [Name] enjoyed working through the ASDAN courses towards greater independence." On their website ASDAN (Award Scheme Development and Accreditation Network) explain: "ASDAN is an education charity and awarding organisation. We provide flexible and engaging programmes and qualifications that help young people develop skills for learning, work and life."

People's right to confidentiality was protected. All personal records were kept locked away and were not left

in public areas of the service.

## Is the service responsive?

### Our findings

The service continued to provide outstanding and responsive care and support to people.

In the last inspection report we described a number of innovative ways the service worked with people to help them achieve their maximum potential. At this inspection we found the service continued with this work to the great benefit of the people who use the service. For example, care plans took into account that different sensory stimuli could have a positive or negative effect on people's ability to communicate. Staff assessed and identified people's sensory preferences and incorporated their findings into their care plan where relevant. To do this staff sometimes used "What do you like?" cards. These cards were developed as part of the "Exploring Sensory Preferences" work of the Helen Hamlyn Centre for Design at the Royal College of Art carried out in collaboration with the provider, Autism at Kingwood. To help identify the sensory preferences of adults with autism, the research team designed the set of 75 cards. Each card shows a different type of sensory experience, which is described in simple words and illustrated by photographic images. Using the cards helps to find out more about how people with autism experience the world through their senses. Knowing how people responded to sights and sounds, textures, touch and smell helped staff to communicate and work effectively with people using the service.

The registered manager told us of a recent example of how using the cards had resulted in a very positive impact on one person's life. "Staff worked with [Name] over a period of two months, using the cards to ascertain what she liked and what she didn't like. It had been noticed that her demeanour and behaviour changed in certain circumstances, usually around meal times and sometimes when staff came on duty. Through using the sensory cards it transpired that [Name] had a clear dislike of strong smells such as curry and heavily spiced cooking smells. As a result staff were able to understand that this was an important area for her and tailored the support for the preparation and cooking of her meals accordingly. It was also evident that [Name] didn't like the colour red and that when staff wore the colour red when they were supporting her, this too would have an adverse impact on how [Name] was presenting. Now this is known, staff kindly refrain from wearing this colour, which again has had a real benefit for [Name]."

In the last inspection report we spoke of the excellent results the service had achieved by working with the Dogs for Good organisation. This work had continued, with the registered manager explaining how the ongoing work was improving and enhancing people's lives. The registered manager told us, "Kingwood continues with Dogs for Good and introduced a 'Dog Fear/Phobia programme' in 2017. This came about as a result of feedback from some staff that we had a number of individuals we support within Kingwood who show they have a clear fear of dogs which prevents them from feeling safe within their local communities and impacts on their ability to go out confidently. As part of the project Kingwood is undertaking with Dogs for Good and our partner organisation Style Acre, we have put together a programme around dog fear/phobia with input from our Psychologist. This programme assists people we support to gain coping strategies for when they access the community and in turn improve their social engagement, resulting in individuals feeling more confident when they are out and about. The team involved with the Dogs for Good project have been moving forward with this and completing assessments for some individuals. [Name], who

has a fear of dogs which can at times give her considerable stress, embarked on the programme in October [2017] and is benefiting from the input that the programme is promoting through being able to go out and be part of her local community."

The registered manager explained another piece of work staff had undertaken with one person who had moved into one of the supported living houses. "Upon moving to the service [Name] required a significant amount of support and time to help him manage his personal care. Over a short period of time it became obvious to the staff team that [Name] could actually use a form of Makaton signing, this had not been disclosed. It was later learnt it was something that was undertaken with him when he was much younger which he appeared to have stopped. Almost as soon as the Makaton was introduced [Name] was interacting and less reliant on staff support, he could ask questions and appeared more confident in his ability." The registered manager went on to explain that [Name] no longer required staff support with his personal care.

People received support that was individualised to their personal preferences, needs and cultural identities. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. This was confirmed by the people and relatives we spoke with. Staff were skilled in recognising situations where individual people could become anxious. They showed empathy and understanding when supporting people to cope with and reduce their levels of anxiety when the need arose. For example, it became necessary for building work to be carried out that required one person to move out of their flat for a short period. It was felt the best solution would be for the person to go on holiday with staff support. However, it had been many years since the person had been on holiday and the person had shown resistance to any such suggestions in the past. The staff team worked hard and, together with the person's parents and advice from the psychologist, they developed and implemented a plan to work with the person towards going on holiday. The plan was successful and the person had their first holiday for years. The building work was completed and staff were hopeful the person may be less resistant to taking holidays in the future.

A community professional thought the service provided personalised care that was responsive to people's needs. They told us, "They work well with people they support and their families and us to ensure people's needs are met."

Information was provided, including in accessible formats, to help people understand their care and support. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

People and/or their relatives knew who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. When asked if they felt the service listened and acted on what they said, relatives answered "yes".

One family gave us permission to quote from a letter they sent to the service shortly after their son passed away, having been cared for in his home by Kingwood staff. The relative stated, "It would be impossible to put a monetary figure on what Kingwood did for [Name] over the years that he was supported by you. As an organisation I have great respect for Kingwood's professionalism, but it was the personal contribution of his carers that made his life so fulfilling. I remember someone saying to me '[Name's] carers cannot be his

friends', but believe me many of them were. I think this was particularly demonstrated by the loving care given to him in his final weeks, and the number of past and present carers who turned up at his funeral. We, as a family could not have been more touched."

## Is the service well-led?

### Our findings

The service continued to be well-led.

The majority of staff who responded to our requests for feedback (23 out of 32) felt supported by the management and felt the support they received helped them to do their job well. However, nine staff did not feel confident about reporting concerns or poor practice to their managers. Some also felt their managers did not always deal effectively with concerns they raised. These staff concerns were passed to the registered manager and plans were being developed to explore and resolve those concerns.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People who use the service and their relatives felt the service was well-led. A community professional said the service demonstrated good management and leadership. They commented, "Staff always commented on the availability of management and the good support." A relative told us, "Kingwood continues to provide a first class service for [Name]."

The provider carried out an annual survey with relatives of people who use the service. The annual survey for 2017 had been completed with all responses received from relatives being positive and demonstrating that they were happy with the service provided to their family members.

There was an effective audit system in place that included audits of different aspects of the running of the service including care plans, staff training and other documentation. Where issues were identified, actions had been identified and carried out to ensure everything met the required standard. The audit system had been designed to enable the provider and registered manager to establish the service was safe, effective, caring, responsive and well-led. There were some difficulties during parts of the inspection in obtaining information that was held in the individual supported living services. However, those difficulties were dealt with before the end of the inspection. The registered manager planned to work with head office staff to develop a system where information could be accessed centrally. The new system would then enable the registered manager to more easily monitor that the requirements of the fundamental standards were being met.

Staff told us they enjoyed working with the people who use the service. They felt they were provided with training that helped them provide care and support to a high standard. A community professional felt the service delivered high quality care and worked well in partnership with other agencies. They commented, "Kingwood have been very good in working with other stakeholders including running groups with other

providers. Working well with housing providers, GP's and Oxford Health. Families always felt supported and pleased with the communication with Kingwood."