Kingswood Care Services Limited

The Beeches

Inspection report

28 Shell beach Road
Canvey Island
Essex
SS8 7NU

Tel: 01268455104
Website: www.kingswoodcare.co.uk

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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

The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates four people in an adapted ordinary family style residential property. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

A registered manager was in post. A registered manager is a person who has registered with the. Registered persons have legal responsibility for meeting the requirements in the Health and Care Quality Commission to manage the service. Like registered providers, they are 'registered persons' Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was in the process of leaving the service. A new manager had been appointed and had been working in the service as the deputy manager to ensure consistent management of the service was maintained.

Procedures were in place to protect people from harm and staff knew how to use them to keep people safe. Recruitment procedures were robust. Risk management plans were in place to support people and their safety. There were also processes in place to manage any risks in relation to the running of the service. Medicines were safely managed in line with current guidance to ensure people received their prescribed medicines to meet their needs.

There were enough staff to keep people safe. Staff felt well inducted and trained and used their training effectively. People were helped 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 needs were assessed and they had support to access healthcare professionals and services. People were encouraged to eat well and choose healthier food options to maintain their health and well-being.

Staff were caring and respected people's privacy, dignity and independence. People were supported in a person centred way. Care plans were detailed and people and those who mattered to them were included in developing these. Relatives felt able to be express any concerns, that that they would be listened to and actions would be taken.

The service was well led; relatives and staff knew the registered manager and found them to be approachable and available in the home. People and their relatives had the opportunity to say how they felt about the home and the service it provided. The provider and registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

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 Beeches

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 comprehensive inspection was undertaken by one inspector on 28 November 2017 and was unannounced.

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 looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

Some people using the service had complex needs that meant we could not obtain their verbal comments about it. We spent time sitting with staff and the service users who chose to join us and noting their approaches and responses. We also spent time listening to interactions between staff and people using the service. We spoke with two relatives by telephone.

During the inspection process, we spoke with the outgoing registered manager, the deputy manager and four staff working in the service. We looked at two people's care and medicines records. We looked at records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Good

Is the service safe?

Our findings

At this inspection we found that people continued to receive a safe service. We saw that people were confident in approaching and interacting with staff and in moving around the service. Relatives told us they felt people received a safe service. A relative said, "I do feel [person] is safe there. There are enough staff, the environment is safe and it is clean."

The deputy manager told us that the small number of unprotected radiators were not considered a hazard due to their position and to the mobility of people using that area. They confirmed however that they would complete a full assessment of the risk to be robust in their approach. People's individual risks were considered and suitable actions put in place to mitigate them without restricting people unnecessarily. This included people accessing the community independently or completing tasks such as ironing. Procedures were in place to identify and manage any risks relating to the running of the service including, for example, fire safety.

The provider had established systems in place to safeguard people from abuse. All staff spoken with were aware of their roles in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe. The registered manager told us there had been no safeguarding incidents since our last inspection.

The home was clean and a daily cleaning schedule was recorded. A monthly health and safety check included the environment and cleanliness. Staff had attended training on areas of safety such as on prevention of infection and food hygiene. They were able to demonstrate their competency and use of their learning in everyday practice.

Sufficient staff were available to ensure people could be cared for safely. A staff member told us, "Staffing levels here are really good". Staffing levels allowed time for a handover period to enable important information to be shared with staff, including in relation to keeping people safe. Recruitment procedures minimised, as far as possible, the risks to people and evidence to support this was well organised. Criminal records checks were completed on prospective staff and staff were required to complete an annual declaration of good character.

A system was in place to ensure people received their prescribed medicines in a safe and timely way. This included the safe ordering, receipt, administration and recording of medicines. We saw that people's medicines were administered in a respectful way and in a format suitable to their individual needs.

The PIR told us that there had been three medication incidents in the past 12 months, found by the provider's checking system. The management team told us that no harm came to the person as a result. A review of the incidents meant that a 'second staff signature wherever possible' system had been implemented. Staff were aware of this learning and it had been shared with them in a team meeting. The deputy manager confirmed that all staff had had their competency to administer medicines reassessed as a result of the errors. Plans were also in hand to change the pharmacy supplier and medication system type

used to limit the potential for further incidents.

Good

Is the service effective?

Our findings

People continued to receive an effective service. There had been no new admissions to the service since our last inspection. The management team confirmed the provider's procedures to ensure on-going assessment of all aspects of people's diverse needs. Care records and discussion with relatives evidenced this.

Relatives felt staff were suitably trained and one said, "Staff are very good." The provider had established induction procedures and annual training for staff to ensure they were properly equipped for their role. The management team confirmed that only fully trained staff completed moving and handling support for people. This training was being sourced to ensure new staff completed it without waiting for the annual programme. Staff told us they received the training and support they needed to enable them to provide safe care to people. The deputy manager advised of some slippage in the frequency of formal staff supervision in recent months, which they would now address to be followed by staff appraisals.

People were offered nutritionally balanced meals and while choice was respected, healthy eating was encouraged. Staff knew of people's needs in relation to food and staff provided the support people needed. One person, for example, could not have bread due to choking risk. Staff provided toast instead which was assessed as safe for the person to eat and staff sat with the person for all meals. A relative told us, "Food and drinks are fine there and they have a really good menu."

People's care records demonstrated that staff sought advice and support for people from relevant professionals and worked them to ensure people received effective and cohesive care. Relatives confirmed that staff worked with appropriate healthcare services and that relatives were able to be involved in appointments with other agencies to advocate for people as needed.

People's records included a 'communication passport'. This provided important information about the individual's needs, abilities, preferences and required equipment, to share with other health professionals if required. The deputy manager told us this had been recommended by a professional who acted as a link between the service and the Clinical Commissioning Group. People's care records showed that their healthcare needs, appointments and outcomes were clearly recorded to ensure staff had clear information on meeting people's needs.

The premises catered for a range of people's needs. Each person had their own spacious bedroom. Adaptations had been provided to support access to the home and to the garden. Equipment was in place to meet people's needs for independence, safety and comfort. A relative said, "They adapted the premises to meet [person's] needs."

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 people 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 to 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).

The service was working within the principles of the MCA. The registered manager had taken the required action to protect people's rights. Records showed that decisions made had taken people's best interest into account. This included, for example, where a monitoring device was used in a person's bedroom to allow them personal space but limit the possibility of the person hurting themselves. Required steps were followed to ensure that restrictions placed on a person's liberty were lawful and their human right to freedom was protected. Where needed, applications had been made to the local authority for DoLS and authorisations were awaited.

Good

Is the service caring?

Our findings

People continued to receive a caring service. People's relatives told us that staff were kind and caring towards the people who used the service. One relative said, "Staff are lovely and caring. [Person] likes having their hand stroked and staff do this. [Person] really loves some of the staff and is very happy there."

People were relaxed in the company of staff and their body language indicated to us that they were happy with the staff that provided their care. We saw that staff spent time engaging people and talking with them in a friendly and companionable way. One relative said about the staff, "They are very friendly to people."

People's care records contained information about their individual life history. This helped staff to understand the person as an individual. Staff knew people well and the things that mattered to them such as their daily activities and seeing members of their family. A relative told us that staff had gotten to know people and their ways really well as many of the staff had worked in the service for a long time.

People were able to express their views and be actively involved in making decisions about their care to the best of their ability. One person's records showed, for example, that they had decided not to carry on with a specific part of their healthy eating plan so they did not feel pressured, and that they felt a lot happier with their decision. Relatives confirmed that they were also involved in decisions regarding people's care and treatment where this was needed. A staff member said, "People are well looked after here. This is the best home I have worked in. People have choice in their lives and don't do what they don't want to. That is the way I live my life."

People's privacy and dignity was respected and independence was encouraged. Each person had their own bedroom which was treated as their personal space and was decorated in an individual style. Staff ensured people's personal care was provided in the privacy of their own bedroom and bathroom area. Staff respected one person's wish not to be disturbed or have us visit them in their bedroom. Where possible, people were supported to develop their independence skills such as travelling independently in the community and one person had a key to their front door.

Visitors were encouraged as were people's relationships with relatives and friends. A relative said, "I always feel welcome there." The service supported people to stay with their relatives and at the time of our inspection, one person was staying with their family.

Good

Is the service responsive?

Our findings

People continued to receive responsive care. Each person a care plan in place that took into account their assessed needs and provided staff with clear information on how these were to be met in people's daily lives. People and their relatives were involved in developing the care plans. A relative told us that they were involved by the person's two keyworkers in all aspects of developing the person's care, as the person did not have verbal communication skills to do this.

People's care plans took their preferences into account and this was then reflected in their home. One person really liked a particular football team and the décor in their bedroom echoed this clearly. The care plans were reviewed regularly to make sure they remained current in meeting people's needs. A relative told us, "They are really good at supporting people with their activities of daily living."

Staff were aware of people's life events and how this impacted on the person, for example, following bereavement. Care plans showed that staff had identified that additional medication prescribed following this was reducing the person's motivation. They worked with the professional to balance the person's emotional well-being as the person was unable to communicate their feelings. To support this, the acting manager was monitoring and analysing the person's moods and behaviours. This was being used to see if any pattern or trigger, such as which staff were on duty, could be identified so the service could respond to the person's specific feelings and emotional wellbeing in the best possible way.

People were supported to participate in activities both in and outside their home that reflected their interests and preferences. Staff told us that each person's weekly activity planner was flexible to people's choice on the day. A person living in the service confirmed that they had enjoyed their day at work. Relatives confirmed that people were well supported to attend a wide range of activities and that staff actively looked for new things that people could experience. A relative also told us that the service had asked if they could purchase specific equipment to support a person in accessing a particular event. Records showed that some people really enjoyed ice-skating. Staff had found a facility where suitable equipment was available to enable people with mobility issues to participate.

The service was not providing end of life care for people at the time of our inspection. The deputy manager assured us that the service would respond to this need and work with relatives and other professionals to ensure people received good end of life care as needed.

The management team told us that no formal complaints had been received since the last inspection. A comment was recorded as having been received from a neighbour relating to noise. The acting manager told us that they would ensure clear records of actions taken would be completed in future in relation to all comments and complaints received. Relatives spoken with told us they would feel able to raise any concerns and felt confident these would be listened to and acted upon.

Good

Is the service well-led?

Our findings

People continued to receive a well-led service. There was stable leadership in the service. The registered manager told us they were in the process of making application to the commission to voluntarily cancel their registration and would be leaving the service very shortly after the inspection visit. The deputy manager had already been employed in preparation for the role as manager and had worked in the service to enable a smooth induction and transition of the management role. They confirmed they would shortly be making application to register with the commission as required.

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.

Relatives told us they felt the service was well managed and organised. Staff told us that they felt well supported and listened to by the management team and able to influence the service people received. Effective communication systems such as handover meetings at each shift and communication books helped staff to feel well supported. A staff member told us, "It's very open here. You can offer ideas to the other support workers and the manager and they will try it out. I suggested an activity and we tried it. I organised it and got people living here involved too. We invited people from other services, there were about 30 people in all, and it was really good."

There was a positive and enthusiastic culture in the service. Staff told us they enjoyed working there and that teamwork and morale were strong. Staff also told us they felt valued and one staff member told us how the registered manager had encouraged and supported them to apply for a more senior role. The deputy manager told us they were aware of the culture in the service having worked alongside staff in supporting people during their transition period. This enabled them to remain aware of how the service was operating and be directly in touch with staff and people on a regular basis.

The provider had systems in place to monitor the quality of the service. They undertook a quality exercise in 2016 of all its services based on quality of life indicators. This was to gain the views of people using their services and also surveyed relatives' views. The deputy manager told us they aware that some procedures, such as undertaking an easy read survey of people living in the service, or staff supervisions, had recently not been completed in line with the provider's timescales. The deputy manager had a plan in place to action this promptly as part of their new role and responsibilities as manager of the service.

The deputy manager told us they had kept up to date with changes in legislation and regulation, for example, in relation to the duty of candour for registered persons. They advised they would ensure they continued to notify the Commission of all required events and work with other stakeholders such as health authority commissioners to ensure people received a good service.