

Kingswood Care Services Limited

Kingswood Care Services Ltd - Head Office

Inspection report

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Date of inspection visit:
14 September 2016

Date of publication:
12 October 2016

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 inspection took place on 14 September 2016. Kings wood Care Services provides a domiciliary care service which offers personal care, companionship and domestic help to support people living in their own home. Their main client group is for people living with learning disabilities and complex needs. They are currently supporting seven people who use the service.

The service has 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.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs. People were supported with their nutrition and hydration needs. Staff supported people with their medication when required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People and their representatives knew how to make a complaint and the service had processes in place to deal with these.

The registered manager had a number of ways of gathering people's views including talking with people, staff, and relatives. In addition the registered manager also gained people's views by the use of questionnaires. Quality monitoring audits were completed to help ensure the service was running effectively and to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good 

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005.

People's food choices were responded to, and they were supported with their nutritional choices.□

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good 

The service was caring.

People and their representatives were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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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 was planned to check 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.

The inspection took place on 14 September 2016 and was announced. We told the provider one day before our visit that we would be coming. We did this to ensure the registered manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority. We reviewed the 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.

On the day of the inspection we met the service manager and registered manager at their office and spoke with them, and two members of staff. We also met with one person who used the service and spoke with another person by telephone. We reviewed three care records, training records, three staff recruitment and support files and audits. After the inspection visit we spoke with two relatives.

Is the service safe?

Our findings

People were looked after safely, a relative told us, "They [staff] are very reliable, I think they are excellent." One person told us, "I feel safe; they give the best care I have ever had."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "We are always concerned about people's safety and their vulnerability. If I had any concerns I would report to a manager or go to social services or the police." Another member of staff said, "I would recognise the signs for example if someone became withdrawn or were not eating I would reassure them and talk to them about any issues and report it." Staff also told us that they had policies they could follow on safeguarding people and how to 'whistle blow'.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service or escorted them on trips out. This was recorded in people's records and all receipts were kept and all financial transactions were audited regularly.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments covered lone working, environment, building maintenance, infection control and driving with people. There were also more specific risk assessments in place to support people with such things as challenging behaviour, community support and skin care. The risk assessments were aimed to support people to lead full and active lives safely rather than being restrictive.

Staff knew what to do if there was an emergency or if people became unwell in their home. One member of staff said, "If I was concerned about anything it would be reported to the office, in an emergency we would contact a person's GP, relative or an ambulance, if we couldn't get into somebody's home we wouldn't leave until we had made sure they were okay even if this meant contacting the police." We saw in care plans that each person's home also had a fire risk assessment in place.

There were sufficient staff employed to keep people safe. The registered manager told us that they had a small team of staff to provide support and that they did not have any issues covering shifts. The registered manager told us that they were very selective about the staff they employed to ensure they had the correct skills to meet the needs of the people they supported. In addition to the permanent staff the registered manager had recruited a small base of bank staff to cover certain regular shifts with people. This meant people were consistently supported by the same staff. People knew the staff that would be supporting them and had rotas detailing which staff would be attending their homes. For some people staff photographs were displayed on a board; the staff member's photo would then be placed to show when and at which time they would be coming to support the person. Staff also carried identification badges on them. All these measures were to keep people safe in their own homes and in the community.

The registered manager had an effective recruitment process in place, including dealing with applications

and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). We reviewed three staff files and saw all the appropriate checks had been completed. The community support co-ordinator told us, "We advertise at the local job centre and sometimes use a recruitment agency, but most staff come recommended."

Staff supported people to take their medication as appropriate. Staff were trained to support people with their medication and kept appropriate records of this. One member of staff told us, "We do not dispense [person name] medication but we do remind them of the importance of taking the medication as a gentle prompt. We also support them to collect their repeat prescriptions." The registered manager had systems in place should staff be required to administer medication to monitor and audit this.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. One member of staff told us, "I have completed my national vocational qualification at level 3, and I am about to go on a course working with people who are at risk of self-neglect." The registered manager told us that they arranged courses that they felt were appropriate and we saw from minutes of meetings they had courses planned for staff over the next three months. These courses included epilepsy awareness, positive behaviour changes and safeguarding. One person told us, "The staff have the right training, they know how to keep me in-line."

Staff undertook a thorough induction when they started at the service. The community support co-ordinator told us that when staff first started they spent time going through all the policies and the running of the service. New staff were introduced to people they would be working with and would work alongside the community support coordinator; this was so that they could be assessed to ensure they got on well with the person. The registered manager told us that it was important to them that people always got on well with the staff that were matched to support them. Any staff new to care were enrolled into completing the Care Certificate; this is an industry recognised award that equips carers with the skills and knowledge they need to support people. Staff received regular supervision and had unobtrusive observations completed on their work. In addition staff were encouraged to attend the office on a Saturday morning as a drop in or to attend training.

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. The registered manager worked with people's appointed guardians to ensure their rights were being protected. Where appropriate people had in place mental capacity assessments to assess their financial needs and ability to consent to medication. This told us people's rights were being protected.

Where required people were supported with their dietary needs. The service supported one person with all their dietary requirements; they did this by planning their meals with them and by supporting them with shopping and cooking of meals. A member of staff said, "[person name] would never cook for themselves but over time we have now got them to a point where they can cook, we started of making cakes and gradually over time we have now got them to enjoy barbecuing food."

People if required were supported to attend healthcare appointments. Staff told us that they had assisted people to go to hospital or doctor's appointments when required. In addition they supported people to make their own decisions about when to see their GP. One person told us, "I don't like going to the doctors or anything like that, so [staff name] always comes with me for support."

Is the service caring?

Our findings

We received lots of positive feedback on the service and how caring the staff were. One person told us, "They do a really good job, it is a fantastic service, I have been in the care system a long time and this is the best care I have ever had." A relative said, "[person name] is the best they have ever been, we are really happy with the service."

Staff knew people well, including their life histories and their preferences for care. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff were able to describe to us how people had their own individual routines and how people liked to have things done differently from each other. A member of staff said, "We look after people in their own homes and we respect this, whilst still trying to support their independence. For example [person name] might not want to do their washing, so I might suggest to them, shall we do your washing today and leave it at that, they will think about it and then come to me later and say, I think I will do my washing today. Whereas if I was to tell them 'you need to do your washing' they would not like that."

A relative told us how supported they felt by the staff they said, "The staff support us as well, if I had any worries I would talk to the manager. They also work with [person's name] and are a trained behaviour therapist."

When talking with staff they were all very positive about the people they supported and spoke of them fondly. Staff felt it was their job to assist people to maintain their independence and develop their life skills. We met with a person who used the service and their care worker, we saw from their interactions together the person was very fond of their care worker, joking with them and frequently referring to them during our meeting. We saw in feedback from a survey one person had written, 'I really enjoy the time I spend with the Kingswood support staff they make me smile and let me be myself.'

People and their relatives were actively involved in decisions about their care and treatment and their views were taken into account. The registered manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. People used the service for a number of different reasons from personal care, as companions and escorts in the community. A relative told us that all the care needs were discussed and they had regular reviews with everyone involved. We saw email confirmation from one relative thanking the service for recognising the person's strengths in their care plan.

People were supported to maintain contact with their family. One relative told us, "[person's name] telephones us every day and they come for dinner once a week." Staff told us how they supported the person to do this. Staff also told us how they supported this person to develop the skills they needed to cook a full meal for themselves and their relatives, and how they had a great sense of achievement on doing this.

People's diverse needs were respected. One person that the service supported liked to attend church so the service had arranged for the person to have their support earlier on a Sunday as they liked to be ready in plenty of time to attend church.

People were supported to access an advocate should this be required. The registered manager told us how they supported one person to have an independent advocate as they wished to raise a complaint against the local authority and needed assistance with this. This meant people's rights were being protected. People were treated with dignity and respect, for example staff told us how they respected that they were guests going into people's homes. We saw written feedback from one person which said, 'The staff treat me with respect'.

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. When people first applied for support the registered manager met with them and their representative or relative to discuss what was required. The registered manager completed a full assessment and agreed a care plan of how the support could best be provided. We saw that each care plan was individual to the person's needs and for consistency the same staff provided the support. One person told us, "I have had the same carer for three years, it is the most consistent care I have had."

Relatives told us that the service was very responsive to their needs and were flexible, one relative said, "When they [staff] first took over the care they worked really hard to make sure everything went smoothly." The registered manager told us that when one person first moved over to being supported by their service they had ensured there was a smooth transition period between the two care providers. This had included their staff working alongside the other care provider to get to know the person well and build up a relationship with them. They had also taken over the employment of one care worker to ensure there was consistency and continuity of care being provided. Their relative told us, "We are so thankful it all worked out okay, we are really happy with how it has gone."

The service was responsive to people's needs. Staff told us how one person had communication problems so to help them maintain their independence they had spent time supporting them gain computer skills. This person was now able to order their own shopping on-line using their computer. This meant staff were supporting their choice and independence. Another person although they required 24 hour support, they did not like to think of staff as carers they preferred to think of them as friends, so the registered manager matched staff who shared similar interests with the person. Also instead of them having a rota of staff they kept a record of which staff were attending in their personal diary.

Staff supported people to follow their hobbies. The registered manager matched staff to people who shared the same interests for example one person was particularly interested in attending comic series conventions. Other people were supported to attend social activities in the community as well as attending further education and life skills courses. A relative told us, "[person name] has a lovely life they go out every day and they go to college to do different things." One person told us how they liked going out on trips with their care worker or out to lunch. They also said, "[staff name] comes to the job centre with me or to other appointments, they always fight my corner for me." In addition the service manager arranges social activities and had recently arranged for people to meet up and play football in a local park.

The provider had a complaints process in place. People and relatives we spoke with said that if they had any complaints they would raise these with staff or the registered manager. One person told us, "I don't have any complaints if I did I would talk to [staff name]." A relative told us, "We have lots of contact and support so I would bring anything up we were not happy with."

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a service manager and the community support coordinator. People and relatives were very complimentary of the service and the way it was managed. One person said, "They are the best care people, I am very happy with the service." A relative told us, "The manager is very supportive they phone us a lot."

The service promoted an inclusive and person-centred culture. People benefitted from a small staff team that worked well together, and were consistently supported by the same staff. Staff told us, "We work well together; we are very well supported." Staff shared the same vision of the service, to support people in their own home, to promote their independence and enable them to live a fulfilled life. One member of staff said, "We aim for people to be safe, healthy and as independent as possible." Another member of staff said, "We want people to have stability and to be independent."

Staff felt supported at the service. One member of staff said, "[service manager name] is very supportive I talk to them at least twice a week, and I know if I needed anything they would be there for me." In addition staff received regular one to one supervision where they could discuss any training needs or ideas they had about the running of the service, and a yearly appraisal from the registered manager. There were also regular staff meetings and the community support coordinator facilitated staff drop in sessions on a Saturday morning to discuss any issues or for training. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People and their relatives were actively involved in improving the service they received. The registered manager gathered people's and their relative's views on the service through direct feedback, telephone calls, emails and by using questionnaires. The responses and feedback from the surveys were all positive. Relatives we spoke with said that communication with the service was very good. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.

Staff knew how to treat people's information confidentially, although people's care records were kept in folders in people's homes this was with their agreement. Information would then be taken to the main office and stored there within locked filing cabinets.

The registered manager had a number of quality monitoring processes in place, these included doing spot checks on people's care and monitoring the support they received from staff. The registered manager also reviewed people's care records and written notes, financial records and medication records every month. The registered manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.