Kingswood Care Services Limited

The Oakes

Inspection report

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Date of inspection visit: 21 October 2014
Date of publication: 22/05/2015

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

Overall summary

The inspection of The Oakes took place on the 21 October 2014 and was unannounced; this meant that the provider and staff did not know that we would be visiting.

The service is provided in a large detached house which has been adapted for the needs of people using it. This service also has a self-contained flat which is used as an enablement residence to support and encourage people's independence. The Oakes is registered to provide accommodation and care for up to seven adults who have a learning disability. Some of whom may also have a formal diagnosis of autism.

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

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. The

Summary of findings

service was applying these safeguards appropriately. This was through assessing people's capacity and making appropriate referrals to the supervisory body, (the Local Authority,) if people's liberty was being restricted.

People were happy with the service they were receiving and there were many positive comments about the service, the management and the staff team.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way which met their needs. From the four people's plans of care we looked at we found that the information and guidance provided to staff was clear. It would enable them to provide appropriate and individual care. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

Staff knew how to support people in ways that they wished to be supported and there were sufficient numbers of staff were being provided to meet people's needs.

Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in ways that were safe and protected people.

We saw that staff respected people's privacy and dignity and worked in ways that demonstrated this. Staff asked for permission before providing any personal care or any activity.

Records we looked at and people we spoke with showed us that the social and daily activities provided suited people and met their individual needs. People were supported to make their own decisions about if they undertook activities or not. People's preferences had been recorded and we saw that staff respected these.

Records viewed showed that people were able to complain or raise any concerns if they needed to. We saw that where people had raised issues that these were taken seriously and dealt with appropriately. People could therefore feel confident that any concerns they had would be listened to.

The provider used a variety of ways to assess the quality and safety of the service that it provided. People using the service and their families were consulted with. The organisation undertook a range of monitoring and areas such as health and safety and medication were regularly audited.

The management team at the service were well established and provided good and consistent leadership. This helped them to provide a good quality service that was proactive, learned from experiences and ensured people were enabled to live positive and fulfilling lives.

Summary of findings

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 was safe.

Good

People and their relatives felt The Oakes was a safe place to live. Staff were well informed about how to recognise any risks of harm or potential abuse and knew how to respond to any concerns correctly.

People's care needs were assessed and planned for. This ensured that people were cared for as safely as possible.

People we spoke with told us that there were enough staff on duty to meet their needs safely.

Is the service effective?
The service was effective.

Good

Staff had the knowledge and skills to meet people's diverse needs. Staff received a good induction and on-going training and supervision to ensure that they were well trained and supported in their role. People had been involved in saying what their care needs were and how they wished these to be met. People's healthcare needs were met. The service worked with other professionals to ensure that people received on-going support with any healthcare needs.

Is the service caring?
The service was caring.

Good

The service had a warm and welcoming atmosphere. Staff were friendly and caring in their approach to people and their families. Staff demonstrated good practices and worked in ways that ensured that people's dignity and privacy were maintained. People had the opportunity to comment on the service and their individual care. People told us that staff listened to them and acted on what they said.

Is the service responsive?
The service was responsive.

Good

People's health and care needs were assessed planned for and monitored. Any changes were noted and support sought from other professionals or agencies as required. This ensured that people's needs were met. People were able to raise any concerns or issues about the service. We saw that issues raised were acted on. People could therefore feel confident that they would be listened to and supported to resolve any concerns. The service provided various activities for people to take part in if they wished. A range of opportunities were provided to ensure that the service was responsive and met individual needs.

Is the service well-led?
The service was well-led.

Good

The service had a strong and stable management team in place. People knew who the manager was. They told us that the manager did a good job, was approachable and provided a well-run service for them to live in. The service had systems in place to monitor the quality and safety of the service. This ensured that people lived in a service that was safe, monitored and well managed.

The Oakes

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.

This inspection took place on 21 October 2014 and was unannounced. The inspection team consisted of two inspectors.

Before we visited The Oakes we checked the information that we held about the service and the service provider. We also looked 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 reviewed other information that we held about the service such as notifications, these are events which the provider is required to inform us about.

During our inspection we observed how the staff interacted and supported people. We also reviewed the care records for four people and records about how the service was managed which included medication audits.

During our inspection we spoke with two people living at the service, one relative and four care staff. As part of the inspection we also liaised and spoke with the registered manager and a staff member who was undertaking her training to become a deputy manager. Some people that lived at the service were unable to speak with us due to having complex or non-verbal communication.

Good

Is the service safe?

Our findings

People told us that they felt safe living at The Oakes. Comments received included, "They look after me and make me feel safe." We spoke with a relative of a person and they told us, they were very happy with the care that their relative received.

Staff had received training in the protection of people from risk of abuse. The service had policies and procedures in place, and information was on display to guide practice and understanding. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. They were also aware of the whistleblowing policy and knew appropriate agencies outside of the service to talk with. Staff told us that they also felt confident in raising any issues directly with the manager.

The service had completed risk based assessments for people, around people's individual needs whilst within the service and outside in the community. These assessments were robust and the information provided enabled staff to ensure people's safety. They were discussed with the person and were also in a format that the person would be able to understand. For example, we saw an assessment was in a pictorial format that used pictures of the person. This enabled the person to familiarise themselves in the situation.

People moved around the service freely with the support from staff. We saw that people had activities planned that took them into the local community daily. People were not restricted on how they spent their time. For example, one person had decided they would spend their day at the local town centre which staff arranged.

People's care records and assessments were reviewed in a timely way, this ensured that staff had up to date information on people's changing needs so people were cared for in a safe and effective way.

There were sufficient numbers of staff on duty to ensure people were safe and had their needs met. The registered manager told us that staffing levels are reviewed on a regular basis. At the time of our inspection each person had a least one member of staff supporting them at all times. We looked at staffing rotas and these confirmed that staffing levels were maintained. The registered manager told us that these dropped for any reason (sickness) the service is able to cover the shift due to the staff members working as a team and being flexible.

People told us, "They always here to help me." Staff we spoke with told us that there were enough staff on each shift to ensure they could provide the support people required. Staff told us, "There is always enough staff, we work closely as a team." Also, "As a team if we thought we needed more staff we would say, but we have enough."

Staff were recruited in an appropriate and safe way. Staff files contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff did not have a criminal record and were suitable to work with people.

Medication was stored safely so only staff authorised to do so could access it. We saw staff that had been trained to dispense the medication to people so they knew how and when to provide people'.

We saw this was done efficiently and in a timely manner. We observed that staff checked medication administration records before they dispensed the medication and that they spoke with people about their medication. One person told us, "They [staff] always give me my tablets when I need them."

Systems were in place to ensure that medication administration records were completed accurately and in good order. Medication was clearly prescribed and dated. We reviewed 'as required' medication and saw there were clear explanations as to when these should be administered within people's care plans. This ensured that people were being supported to take their medication safely.

Controlled drugs were being administered correctly and stored in accordance with regulations. We checked the controlled drugs register and found that controlled drug administration was being recorded correctly. Controlled drugs require additional security in administration and storage due to their strength or effects as required by the Misuse of Drugs (Safe Custody) Regulations 1973.

Good

Is the service safe?

The service carried out a weekly medication audit to monitor and minimise medication errors. They learned from these and it helped inform improvements to staff practice.

Good

Is the service effective?

Our findings

People told us that they were cared for by staff that understood their needs. One comment was, "They help me and take me to do things that I like to do."

We spoke with four members of care staff who were knowledgeable about people's individual needs and preferences. Staff told us that they had access to training and the training also included people's specific needs. For example, Epilepsy and Autism, this enabled staff to have knowledge and skills to care for people. They were confident that they had the skills to meet people's needs.

Staff undertook an induction programme when they started working in the service. Staff we spoke with told us the induction programme was good and informative. The service encouraged and supported staff to achieve further qualifications. One member of staff told us that they were undertaking NVQ, (National Vocational Qualification) level three with the support of the service to help them in their role. Staff told us that they received supervisions and appraisals on a regular basis. Supervision included one to one, group and clinical supervisions. The supervisions included discussions on people's changing needs and how these could be managed. The manager also had a procedure in place to carry out competency checks on staff, these were both discussion based and observational. These checks included medication, this ensured that staff handled and administered medication effectively and safely for people.

Staff had good knowledge of people's individual needs which enables them to effectively communicate in a way that people understood. Staff use a range of different communicating methods. For example a person used a form of signing to communicate but will not always follow the British Sign Language signals, due to the staff's knowledge of this person's individual signing methods they are able to understand what the person was communicating.

Staff told us that they felt supported at the service and they attended on-going training on a regular basis. One staff member of the care team told us, "We have lots of different training but if there is a certain training course that we wish to attend, we only have to ask and it will be arranged."

The manager knew about the Mental Capacity Act 2005, (MCA,) and Deprivation of Liberty Safeguards, (DoLS.) They knew about their responsibilities to ensure that the care they provided ensured people had their freedoms and rights protected Appropriate assessments and documentation were in place for those who needed it. Policies and guidance were available to support staff in their practice. Staff confirmed that they had undertaken training and demonstrated an awareness of the issues around people's capacity to consent to the care and treatment they needed.

Where people may lack mental capacity to make decisions, there was detailed information regarding making decisions in people's best interests.

The service had experience of using an independent advocacy service to act on behalf of a person. The registered manager told us this was a positive experience for the person and encouraged the use of independent advocates.

People were provided with enough to eat and drink. One person we spoke with told us, "The food is lovely; they get me what I want."

We observed people during a meal time during our inspection; there was a relaxed atmosphere where staff were chatting with people. Staff interacted and supported people with their dietary needs. People had their lunch when they requested it. The service was flexible in its approach to mealtimes to ensure people's choice was recognised.

People are involved with planning their meals and weekly menus. These reflected their changing preferences and choices. People independently chose what they liked to eat and drink however staff provided support on healthy eating if required.

The service had links with organisations that could offer guidance with people's care needs. For example, staff had contacted the local Speech and Language Team (SALT) for guidance on a person's dietary and fluid intake due to their diagnosed condition. We saw guidance and recommendations from the SALT which staff had followed and recorded in the person's care records.

Each person had a health action plan, this showed detailed information on the person's health needs. We saw every person had a completed 'hospital passport', this had

Good

Is the service effective?

information that included their health needs, communication and behavioural needs. This helped other professionals to have a better understanding of the person's care and health needs.

One relative told us, "I have no concerns with regards to [name of relative] receiving appropriate healthcare, it seems the staff know [name of relative] so well they pick up on things before they happen." People living at The Oakes had an annual health check by the general practitioner. Staff contacted other health professionals when required. For example, general practitioner, district nurse, catheter nurse. We saw that staff had referred to a domically dentist due to a person becoming anxious when visiting a dentist surgery. This enabled the person to be in his own environment whilst having his dental check and this had been a positive engagement for the person.

Good

Is the service caring?

Our findings

People using the service told us that they felt the staff were caring. One person told us, "I love them and they love me." A relative told us, "[Name of person] could not be in a better place; the staff are very caring and really go out of their way to make sure people are cared for."

There was a warm and friendly atmosphere in the service. People looked comfortable with the staff that supported them. We saw that people interacted with staff in their individual way using the communication methods best for them.

Staff worked as a team and demonstrated a good attitude to their roles. The service had a 'keyworker' system and this ensured that staff were able to develop a relationship and understand the person's individual needs that they were caring for. Staff spoke in great detail about people's preferences and personal histories. They knew them well and worked to develop strong and trusting relationships. People were cared for by staff that they trusted.

We observed staff arranging an activity within the community asked the person what they wanted to do and what route they would like to take to get to the activity. People were listened to and their choices were respected and valued.

People were supported to make choices about where they wanted to go on holiday as a group. These holidays have included trips to Spain, Tenerife and Italy. Staff discussed with people in a format that they understand about the options and destinations and as a group people decided which holiday destination they went to.

People were supported and enabled to pursue their individual interests. For example, one person had a keen interest in public transport. Staff had taken them on outings to museums, airports and underground train trips. Staff explored other options and found a weekend retreat where the person could stay in a converted 'route master' bus. Staff supported the person to do this and was a positive activity for them.

People had made decisions about how their support would be provided. One relative told us, "They [staff] always call me and discuss any changes that may need to happen with [name of relative]'s care."

People's bedrooms were personalised with their own items and reflected their lives and interests. Staff also encouraged the person to help with the decoration of their rooms. We observed people's privacy and dignity being respected. For example, one person liked to have their bedroom locked at all times, staff respected this and although the staff held a 'master key', they knocked and asked to enter the room before opening the door. This meant that people's dignity was respected.

Good

Is the service responsive?

Our findings

People using the service and their families felt that the service was responsive if they had any queries or concerns. Relatives told us they were consulted with, kept informed of any changes to their relatives wellbeing and could have discussions with the manager or staff at any time. They reported feeling involved in their relatives care. A comment received was, “If I have any concerns about [name of relative] they always talk to me and discuss any issues, they are always available to talk to me.” This showed us that communication between people using the service, their relatives and the staff team was good, and that the service was responsive to people’s needs.

Each person had a care plan in place which was personal to them. The sections contained relevant assessments to ensure that people’s needs were understood and met.

People were consulted with through regular meetings being undertaken, and families are sent surveys to complete. We saw from minutes that a range of issues were discussed which showed that people were listened to and their views were seen as important and were acted on. . For example, menu options and group holiday destinations.

We saw that people were supported to follow their interests and take part in activities that were appropriate and tailored to individual needs. For example, one person had an interest in certain movie characters; staff supported the person to travel to a destination which was exhibiting material about the characters. Another person has been supported by staff to attend a local college for educational reasons. This meant people were able to express their preferences and be supported to undertake their activities of choice.

A complaints procedure was available and on display for people so that they would know how to raise any concerns. We saw no formal complaints had been raised although we had seen that the service recorded people’s concerns and investigated and responded appropriately. The concerns recorded showed us that people felt able to raise any issues and that the service was open in their approach to looking into matters. For example, a person had complained about the noise that they heard whilst in their room. The service had installed equipment to the room to minimise noise.

The manager told us that feedback from people, their relatives and staff are valued and assist in looking how the service can improve if need.

Good

Is the service well-led?

Our findings

The service had a registered manager in post that was supported by a deputy manager and other senior staff. People and staff were comfortable and relaxed with the registered manager. The registered manager demonstrated an excellent knowledge of all aspects of the running of service, the people it was fore and the staff team.

We received many positive comments about the service and how it was managed and led. One person's relative told us, "The manager is very approachable and runs an excellent home," A staff member told us, "The management of the home is very good, very supportive."

We saw that the registered manager was fully accessible to people. They spent time out and about in the service, seeing what was going on, talking to people and supporting staff. People who lived at the service knew who the manager was and held a good relationship with them. Staff told us that the registered manager was actively involved involved which made them feel they were an important part of their lives.

Staff morale was good and they were very positive about their role. They worked hard to ensure staff worked as a team. Staff meetings were held monthly where discussions held included 'working as a team'. Staff we spoke with told us, "We are really lucky here as we do work as a good team and [name of manager] makes sure that it stays that way."

The service had auditing and monitoring procedures in place. Although the provider was regularly present in the service we saw from records that they also undertook a formal monthly monitoring visit. This looked at all aspects of the environment, monitored accident and incident records and also checked other records such as staff meeting minutes, complaints, staffing and financial records. Visits included talking to people, staff and visitors to gain their views. The service analysed these audits and made changes to the service if required.

Monthly audits were undertaken in areas such as health and safety, medication and periodic audits were undertaken for infection control. The service operated a system whereby a different staff member undertakes an audit on all aspects of the service then feedback to all staff; this is then explored to see if any improvements are required. This showed us that the service sought to ensure that people experienced a good quality and safe service.