

## Kingswood Care Services Limited

# Willow Bay

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

# Summary of findings

## Overall summary

We inspected Willow Bay on the 31 October 2018.

Willow Bay is a residential care home for up to five people with learning disabilities. At the time of our inspection five people were using the service. The service had spacious living areas and was set over two floors. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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.

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.

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." Registering the Right Support CQC policy

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good

understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Willow Bay

## **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 the 31 October 2018 and was unannounced. The inspection was carried out by one inspector.

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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we communicated with five people and two relatives. We spoke with the registered manager, deputy manager and two care workers. We reviewed two care files and medication records, one staff recruitment files, audits and policies held at the service.

## Is the service safe?

### Our findings

People felt safe living at the service. One person said, "I am happy here." A relative told us, "All the staff are brilliant."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff said, "I have never had any safeguarding concerns here. If I did have I know who to contact, we have all had training." We saw posters on display throughout the service reminding staff of their responsibility and displaying helplines people and staff could call if concerned. The registered manager protected people from financial abuse and supported people to manage their money.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, they covered road safety, managing money, environmental risks and supporting behaviour that challenged. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid, if they needed immediate assistance from medical services they knew to call for an ambulance or paramedic. One member of staff told us, "I have only called for an ambulance once when a resident became unwell, they came very quickly and they received the help they needed."

People received care from a consistent staff team. The registered manager told us that they were recruiting for new staff but currently the present staffing team covered all the support hours required. This meant people continued to be supported by a consistent staff team who knew them well. Staff told us that there were enough staff available to support people with all their needs, including trips into the community. The registered manager had an effective recruitment process and staff recruited were suitable for the role they were employed for.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had a procedure for the manager to follow for these to be attended to. The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. The registered manager ensured staff training was kept up to date and observed medication practices. Regular audits were completed and policies and procedures were up to date.

## Is the service effective?

### Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. A relative told us, "Staff do their job properly, they have good training." Staff told us they had been supported to achieve national recognised training certificates. One member of staff said, "We recently had training on recognising sepsis, it was really good and informative."

The registered manager told us that they completed a mixture of face to face training and computer based training. They also linked in with the local authority training, skills for care and training provided from the NHS. All staff we spoke with felt that they were well supported with training and were supported to obtain the skills they needed to provide good care. New staff were given a full induction into the service and all staff received regular supervision and had a yearly appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. The registered manager told us that people were supported to have access to advocates if required to help them with important decisions about their care. This told us people's rights were being protected.

People had enough to eat and drink. We saw that people had access to the kitchen and risk assessments were in place so that people could be supported to make food and drink independently. Where required staff supported people, and prepared their meals for them. People had choice over what they wanted to eat and drink and we saw at lunchtime people had a variety of different foods they had chosen to eat. Where required people had adapted cutlery to help them eat independently and if swallowing issues were identified staff told us that they were supported one to one whilst eating.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, dentist and the learning disability team. The registered manager told us people were supported to attend health appointments and family members were involved if appropriate. Each person had a health passport to take to hospital appointments and people were supported to have annual health reviews.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms and some had ensuite facilities. We saw that all the rooms had been individually decorated the way people wanted them.

## Is the service caring?

### Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships. A relative told us, "[person name] loves living there, they are happy to come home but always happy when they return to the service."

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and could build on their independence. One member of staff told us, "We want people to take as much control and charge of their life as possible." One person was very keen to show us how staff had helped them to learn to budget their money. They showed us a folder staff had put together with them, the folder contained pictures of activities they needed to budget for with the amount of money it cost, each week the person divided their money into the different sections. The register manager told us this had helped them to budget because they had learnt how to move money around if they wanted to do a different activity and could physically see where their money was going.

There was a relaxed atmosphere at the service and we saw that people were freely interacting with staff. People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives. People were treated with dignity and respect and their diverse needs were also supported. We saw that people's privacy was respected and staff asked permission before entering their rooms. If people wished they had a key to their room so that they could keep their property and belongings secure.

People and their relatives were involved in the planning of their care and support needs. People had a keyworker who worked closely with them to keep all their care needs relevant to them and up to date. Every month the keyworker summarised with the person what they had done during that month. They then planned with them if there were any additional activities or plans they had for the next month. This was very much person led with looking at ways they could achieve their goals. One relative told us, "The communication is very good with staff and we are fully aware of all their support needs."

## Is the service responsive?

### Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed so that staff had the most up to date information to support people.

The service remained responsive. Staff told us how they worked with peoples changing care needs to ensure they had all the support and equipment they needed to support them. They had helped one person whose care needs had change obtain their own car to use for community activities. The registered manager was very good at involving other health care professionals such as occupational therapist to assess if people could benefit from equipment such as hoists.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate in whatever form they found comfortable. We saw in people's care plans it was recorded what methods of communication supported their needs best. Some people communicated with words and sounds while others used visual prompts. Staff told us that some people had made up their own sounds and gestures which they used with staff to express themselves. We saw staff using pictures with people to offer choice over activities. A member of staff told us that when people are going for trips out in the minibus they also have a picture on display in the bus so that people know where they are going. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as, attending day centres, swimming, horse riding and activities in the local community. One member of staff told us how they took two people ice skating weekly. They explained the people remain in their wheelchairs which are clipped onto trays on the ice so that staff can then skate with them. They said, "You can physically see [person name] become more relaxed and less tense as they like the feeling of gliding over the ice." Staff also facilitated holidays with people two people told us how much they had enjoyed going away and one person told us how much they were looking forward to going on holiday. They showed us their calendar where their holiday was planned and said, "I am going to see the northern lights." We saw how excited they were about the prospect of their upcoming holiday.

The register manager had a complaints procedure in place. We saw that there were different ways that people could raise concerns and there was also pictorial format for people to use. We saw that any complaints would be fully investigate by the registered manager. A relative told us, "I have no complaints and if I did I know the manager would sort them out."

There was not any end of life care being delivered at the service, however the registered manager told us that they knew how to get support from the GP and palliative care team. They went on to say staff will be

receiving end of life training.

## Is the service well-led?

### Our findings

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.

Staff shared the manager's vision for the service. One member of staff told us, "We want to make their life better, to give as much dignity and responsibility as possible to support their day to day life." Another member of staff told us, "We want people to have full life's and achieve their goals."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the registered manager and deputy manager, and said they felt they had a good team. Staff had regular handover meetings to discuss people's care and used a communication book to relay important messages to each other. Staff were always able to contact a senior member of staff if they had any concerns as the provider had an on-call system for their services. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. The registered manager also gathered feedback on the service through the use of questionnaires and meetings with people. We saw people's opinions had been sought on activities and important decisions about the service. We saw these were done in a pictorial format with a large cross or tick that people could point too to indicate their view or choice. We saw when decisions had been made for example about parties each person was then involved with a job to help with the planning and running of the activity. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. The registered manager told us the home was inclusive in the local community and that they had built relationships with local traders. The registered manager went on to say people were well known in the local shops and café and accessed the local library and sports facility for activities.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records this information was used as appropriate to continually improve the care people received.

The registered manager understood their registration requirements including notifying us of significant events that happened at the service. They were also aware of their duties under the new general data protection regulations. We found peoples information was kept secure and confidentiality was maintained.