

## Kingswood Care Services Limited

# The Beeches

### 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 

### Overall summary

This inspection took place on 27 October 2015.

The Beeches provides accommodation for up to four people who have a learning disability. There were four people living in the service on the day of our inspection, but only two were at home.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

People showed us that they felt safe and comfortable living at The Beeches. Staff had a good understanding of

# Summary of findings

how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) but had not had the need to make any applications. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The support plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in a range of activities that met their needs. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were systems in place to monitor the quality of the service and to deal with any complaints or concerns.

# 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.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



### Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care as much as they were able to be.

Good



### Is the service responsive?

The service was responsive.

People's care plans were detailed and informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided.

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 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 27 October 2015, was unannounced and carried out by one Inspector.

We reviewed the information that we held about the service including notifications. A notification is information about important events which the service is required to send us.

We spoke and interacted with both people at the service at the time of our inspection. We spent time observing care in the communal area to get an understanding of people's experience. Where people were not able to communicate with us verbally they did so using facial expressions and body language. We spoke with two relatives. We also spoke with the registered manager, deputy manager and support staff.

We reviewed a range of different care records relating to all four people living at the service. We also looked at two staff members' records and a sample of the service's policies, audits, training records and staff rotas.

# Is the service safe?

## Our findings

People indicated to us that they felt safe. They were comfortable and relaxed in staff's company, they responded positively to staff interactions and smiled when staff talked with them. A relative told us that people were safe, happy and well looked after.

The manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them. There was a policy and procedure available for staff to refer to when needed and visual reminders such as posters and flow charts. Staff had been trained and had received regular updates in safeguarding people. One member of staff told us, "I would certainly have no hesitation in raising any concerns or issues I had about people's care."

Risks to people's health and safety were well managed. People were supported to take every day risks such as accessing the community. Risk assessments had been carried out and there were clear management plans on how the risks were to be managed.

Staff had a good knowledge of each person's identified risks. They described how they would manage risk and told us about developing strategies with one person to lessen behavioural risks. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and safety certificates were in place for the premises.

There were sufficient staff to meet people's assessed needs. The registered manager explained how staffing was managed to ensure the flexibility needed to meet people's individual needs such as accessing the community. Additional funding was sought when needed to support people's changing needs and staffing requirements. This was in order that they could have the lifestyle that they wished whilst being supported safely. Staff told us that there were enough staff on duty. We saw that staff were not rushed and were able to spend time with people

supporting their individual needs and preferences. Staff were present and responsive to people's needs at all times. The staff duty rotas showed that staffing levels had been maintained to ensure good support for people.

The service had clear recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work at the service until their pre-employment checks had been received.

People's medicines were managed safely. Staff had been trained and had received updates to refresh their knowledge. Staff competence was monitored following their initial training. Periodic competency checks had been carried out in some instances to ensure that staff continued to manage all aspects of medication administration correctly. Plans were in place to ensure that this practice was carried out consistently with all staff who administered medication.

There were systems in place for ordering, receiving and storing medication. Opened packets and bottles of medication had been dated when opened and a list of staff signatures was available to identify who had administered the medication to ensure a good audit trail. Detailed protocols were available for the management of medicines to be used on an as and when basis.

Medication was audited during the monthly ordering cycle. A system for 'monthly' audits of the system was also in place, but these had not been carried out consistently over time. The last audit available was from August 2015. The deputy manager told us that they were aware of this inconsistency and were getting back on track. The provider also undertook a 'Periodic Service Review,' which had reviewed the medication system in June 2015. At our review medication records had been appropriately completed to show that medication had been administered safely. People received their medication as prescribed.

# Is the service effective?

## Our findings

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us that they had received good training and support. They said that the manager and deputy manager were always available for support and advice when needed. One staff member said, “Management are so supportive, you could not wish for better.” Another said, “I felt very well supported when I started, the training and support on offer was very good.” Staff told us, and the training records confirmed, that they had received training which included, food hygiene, infection control, safeguarding people and health and safety. Staff had also been trained in subjects that were more specific to people’s individual needs such as inclusive communication skills relating to working with people with a learning disability.

Staff had received a thorough induction to the service. They undertook core training and worked through Skills for Care, Care Certificate standards to build up a good foundation of skills and knowledge. A staff portfolio viewed showed that all aspects of the support workers role were covered and that developing skills and knowledge were monitored and tested.

The service was small and staff and managers worked alongside each other on a day to day basis. Staff practice was therefore continually monitored. Staff records showed that staff had also received periodic opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs.

The manager and staff knew how to support people in making decisions. They had been trained in the Mental Capacity Act (MCA) 2005 and understood the requirements of the Deprivation of Liberty Safeguards (DoLS.) No DoLS applications had been made, but the service took the required action to protect people’s rights, make best interest decisions on their behalf and ensure that they received the care and support they needed. There were

assessments of people’s mental capacity in the care files that we viewed. During our inspection we heard staff asking people for their wishes and seeking their consent before carrying out any activities. As far as possible people had been involved in their care planning and in saying how any risks were to be managed. This meant that decisions were made in people’s best interests and in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People chose what they wanted to eat and drink and were involved in planning menus. People were encouraged to be involved in meal preparation to increase their daily living and independence skills. Records were kept of what people ate and drank in order that any emerging issues with diet would be quickly identified.

People’s healthcare needs were met. Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy. Where needed we saw that support was sought and received from relevant professionals such as neurologists, physiotherapists, occupational therapists and the speech and language team. The organisation had their own in house behavioural management advisor. They supported the staff team and devised and implemented behavioural strategies to support people with their behavioural needs. For example, one person was being supported using an objects of reference approach, to help them to understand what activity was happening and facilitate their making of choices. Staff felt that this was helping to improve communication with the person. A relative told us that staff worked well with their relative and that their behaviours had improved as a result.

There were health action plans and hospital passports in place in place on the care files that we viewed. Health action plans are detailed plans describing how the person will maintain their health. They detail the dates of routine appointments and check-ups and they identify people’s specific healthcare needs and how they are to be met.

# Is the service caring?

## Our findings

People were relaxed and happy throughout our visit and there was good staff interaction. Staff displayed kind and caring qualities and read people's body language to help them to understand what they were trying to communicate. Staff were able to describe people's different styles of communication, which showed that they knew them well.

People indicated that the staff were kind and caring. One person told us, "The staff are good." A relative told us that all the staff were very caring and that activities and placements organised had given their relative a real sense of self-worth which was so important. Another family member told us that their relative was "Loved by all."

People were treated with dignity and respect. For example, we saw people being supported and heard staff speaking with them in a calm, respectful manner. Staff allowed people sufficient time when carrying out tasks. People indicated that they were treated in a kind and caring way and responded to staff's interaction in a positive manner. For example, we saw that people were happy, smiling and in agreement to staff's requests, or, that there was gentle encouragement and banter to help people complete tasks and activities.

People had been involved as far as possible in planning their care. Relatives confirmed that they had been fully involved in planning and keeping people's care needs under review. Person centred care plans were in place where people had highlighted their needs wishes and preferences. Care records provided good information about people's needs, likes, dislikes and preferences in relation to all areas of their care. From discussions with staff it was clear that they all had a very good understanding of people's individual needs and supported them accordingly.

Everyone in the service had families who supported them to have a voice and support their care. The manager and deputy manager were however fully aware of advocacy services and how to access them if needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

A relative told us that they were able to visit the service whenever they wanted to. They told us they were always made to feel welcome and that staff were kind, caring and respectful when they visited.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. There were informative support plans in place that had been devised from a robust pre-admission assessment and transition arrangements. A relative told us, “The service is top; you just can’t fault them really for the care and support they give.”

We saw that appropriate goals had been set in line with people’s individual needs and preferences to help them to achieve what they wanted to.

People regularly accessed the local community in line with their individual preferences and assessed needs. People went to the shops, work placements, the theatre and library with support. Each person had a ‘visual diary.’ This contained pictures of activities and holidays undertaken to

help them to remember and look back on enjoyed activities. People’s person centred care plans reflected the things that were important to them, their individual preferred activities and likes and dislikes.

People were encouraged and supported to maintain relationships with their family and friends.

A relative told us that the service supported them to maintain contact through arranging transport.

The service had a complaints process in place. No complaints about the service had been made recently. A relative told us they had never had any complaints, but if they did were confident that these would be dealt with effectively. Everyone told us that they would feel able to discuss any issues with the manager. People’s views were sought on a one to one basis, and any issues addressed in line with their wishes.



# Is the service well-led?

## Our findings

People told us that the service was well led and managed. People demonstrated through their interactions that staff and the management team were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with people living in the service. The service was small and it was clear that management, staff and people using the service all got on well. There was a nice feel to the service, with people's individual needs and abilities respected and understood.

Staff were positive about the management of the service. They said that the manager and deputy manager were very visible and approachable. They felt that they could raise any issues and feel listened to. One member of staff said, "This is a very lovely home, I'm one hundred percent supported. I'm not shy and feel able to raise any issues."

The vision of the service was made clear to staff from the point of recruitment and reinforced through induction, ongoing training, daily interaction and monitoring. Staff were able to demonstrate the ethos in their practice and promoted positive and respectful relationships with people.

Staff told us that there was very good teamwork in the service, and that they all worked together for the same ends. Staff provided good support to one another. Staff

meetings occurred and handovers between shifts took place. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people's needs.

The manager was aware of responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided.

There were some formal processes in place to support this. Audits had been undertaken in relation to health and safety, premises and medication, with matters arising being addressed. Audits undertaken were stated to be 'monthly', but had not been maintained as such. The manager and deputy manager were aware of this and were making progress in ensuring that these were being completed on a more regular basis.

The provider monitored the service and undertook 'Periodic Service Reviews' which looked at different aspects of the service, and highlighted any areas for improvement, which were then addressed.

People's views on the service were sought through one to one interaction, review processes and residents meetings. People were encouraged to answer questions such as 'how good is my home', and identify if they had any issues or concerns either inside the service or with any external services used. Overall people were very satisfied with the quality of the service and made comments such as, "I like it here."