

Kingswood Care Services Limited

Cedar House

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 the 27 July 2015 and 28 July 2015 which was unannounced. The inspection team consisted of two inspectors on 27 July 2015 and one inspector on the 28 July 2015.

Cedar House is a residential care home registered to provide personal care for up to five people with learning disabilities and on the autism spectrum.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely, they received opportunities for training and supervision. People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS). The manager identified that she

Summary of findings

needed to update her knowledge on the recent changes to the law regarding DoLS; however she was aware of how and when to make a referral and knew how to make a referral if required. People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met.

People were provided with the opportunity to participate and engage in activities of their choice which met their

needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

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 felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure people's safety and wellbeing.

Good



Is the service effective?

The service was effective.

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

The dining experience for people was suitable to meet people's needs.

People had access to healthcare professionals as and when needed to meet their needs.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported. Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support people's social care needs. Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

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 their relatives and used their feedback to make improvements.

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

Good



Cedar House

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 27 July 2015 and the 28 July 2015 which was unannounced. The inspection team consisted of two inspectors on 27 July 2015 and one inspector on 28 July 2015.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with one person who used the service and one relative as a number of the people living in the service were not able to verbally communicate with us. We also spoke with the manager, deputy manager and four care staff. We reviewed three people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for three members of staff.

Is the service safe?

Our findings

People told us they felt safe residing in the service, one person told us, “I feel safe in the home and the care and support I receive is good.” A relative informed us the home took good care of their relative and they felt reassured that they were being cared for and were being supported to meet all their needs.

We found that people using the service were being cared for in a safe and clean environment.

People’s rooms were decorated to each person’s interests and likes which showed the service gave people choice and respected each individual. The manager informed us, “people were supported in finding a theme they wished to have in their room and the service ensured that needs were met as they felt this helped people settle into the service.”

The manager had also arranged for all electrical equipment to be serviced and tested to ensure the safety of the people in the service. There were some minimal maintenance works that needed to be carried out in some of the bedrooms. This was brought to the attention of the manager and on our return on the second day of the inspection this had all been resolved.

Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider’s whistleblowing policy and procedures. Staff had all the information they needed to support people safely. All staff were involved with ensuring that people’s risk assessments were kept up to date to ensure people’s

safety either when they accessed the community, used public transport or used the service’s vehicle. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person’s risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service.

The manager informed us that staffing levels at the service were based on the Local Authority’s funding arrangements for each person. The manager and staff told us that there was enough staff to meet people’s needs however; additional staff support could be deployed as and when required. This was confirmed by our observations of care people received and records reviewed.

The provider had a robust recruitment process in place which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people.

People received their medication as prescribed. We found all medication records (medication administration charts) were all up to date and there were no omissions or gaps. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication, whereby people were reminded of the time they had their medication and encouraged to visit the medication room at the prescribed time so they can take their medication. One person informed us that they received their medication on time and knew what time they had to attend the medication room.

Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

Is the service effective?

Our findings

We found staff to have good knowledge and the skills they needed to provide good quality care to people using the service.

Staff informed us at commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. As part of the induction process staff informed us there would be a period of being observed by an experienced member staff and by the manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting.

Staff attended mandatory training when they started employment and they attended yearly refresher courses and this would either be via Distance learning, DVD or planned training dates at a local venue. We found staff to be positive about their training and they felt supported by the manager and the provider. Staff informed us, "We are supported by the service with our training and if we have any concerns or questions the management team have an open door policy which means we are able to approach them to gain clarity on areas of practice." Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required.

Staff were also encouraged to do additional training and development to continually develop their skills. One staff member informed us, "I am about to commence my Diploma in Health and Social Care level 3, as this will improve my knowledge on how we look after people and I will put into practice what I will have learnt." Staff went on to say they are offered an array of training modules which had relevance to their roles and this helped them to deliver safe and effective care to people.

Staff had regular supervision and meetings to discuss people's care and the running of the service and staff were being encouraged to be open and transparent about any concerns they may have. Staff said, "We have formal and

informal supervision on a regular basis and we can talk to the management team about issues around work and our personal life as this often can impact on us delivering a good level of care to the people we are caring for."

The manager informed that they also do observations of staff throughout their period of employment and will acknowledge areas of good practice and improvement and this keeps the staff motivated. We found that the manager had a communication book in place for staff to use to jot down any information that maybe useful to delivering good care to the people using the service. One Staff informed us, "We have a good team here and work well together and we know each other's strengths and weaknesses and support each other. "Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

One member of Staff informed us, "People in the service have varying levels of capacity and in order for us to best support people we assess everyone's ability to make an informed decision in line with the Mental Capacity Act 2005 and if they are unable to make a decision we support them to make a best interest decision." Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs where being met in the best way possible .

The manager was informed that due to recent changes in law, the Care Quality Commission was required to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS) within care settings. The manager showed an understanding of their responsibilities and had made applications in recent months, however acknowledged that more training was needed.

People said they had enough food and choice about what they liked to eat. People said they had plenty of choice over

Is the service effective?

what they wanted to eat and if they did not like the choices on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks.

If required people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. People had access to a range of healthcare professionals and services,

such as, GP and Consultant Psychiatrist. One relative told us, "Recently my relative's behaviour had escalated and the service was struggling to manage the individual's needs. The service contacted me to inform me of the changes and advised that they would be contacting the individual's doctor to request an urgent review of medication. The service gave me the opportunity to be present at the review and were able to clearly identify the change in behaviour and suggest how my relative's needs would be best met." A relative informed us, "The staff always keep us up to date about our relative's health and wellbeing and communicated any changes in a timely manner."

Is the service caring?

Our findings

The service provided a caring environment to the people using the service and those visiting.

One relative informed us, “The care delivered in the service was very good.” The relative went on to say, “Staff are very compassionate, friendly and appeared to have a good knowledge of the people they are caring for.”

Staff listened to people and acted accordingly to ensure that their needs were met in a caring manner. A relative informed us, “Every time I visit there is always a good atmosphere. The staff seem to enjoy being at work and appear to be enjoying supporting people to meet their needs, this gives me the reassurance that my relative is in the right place.”

The people’s care plans we viewed detailed each person’s preferences of care, including their past life history, as this ensured that staff were able to meet the needs of people effectively.

People and their relatives were actively involved in making decisions about their care and support. One relative informed us, “The service had involved them and their family in the care planning of the person to ensure that the transition from home to the service would run smoothly and the person would settle in the service”, the relative went on to say, “we are regularly invited to care review meetings, in addition, staff and the manager will contact them if there has been a change in the person’s needs.”

The manager informed us that they used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person’s care needs; this also ensured that people’s diverse needs were being met and respected. Staff respected people’s privacy by only accessing their rooms after consulting people. The manager informed us that two of the people were non-verbal and their preferred use of communication was either typing their request on a laptop or using picture cards as a means of communicating their needs and preference. The manager informed that this was working effectively however the service had looked at assistive technology but the cost had deterred them from purchasing it.

People’s independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. People in the service were not restricted to how often they changed their clothes and we observed staff supporting people with ensuring they had clean clothes on before accessing the community. Staff informed us that people’s well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. The manager informed us people were supported to undertake tasks such as doing their laundry as this gave them a sense of involvement and engagement in their care and support.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Each person in the service had an individualised activity plan and the service ensured that people were supported to participate in their preferred choice of activities. The manager informed us that before each person came to the service they would assess their needs and ascertain how they would be best met. We also found that the service regularly took people into the community to do activities such as bowling, banking, walks along the beach and the service would always ask people what they wished to do. One relative informed us, "I feel at ease knowing that my relative's needs are being met and staff were always willing to go the extra mile".

People's care plans clearly identified how people were to be supported to maintain their independence and how their needs would be best met in a safe manner. People's care plans covered nutritional, personal care, medication and how to manage challenging behaviour from people using the service should it escalate. The care plans we viewed had a person centred approach; each person's care plan clearly identified each individual's needs and how they would be best met.

Care delivered by staff was responsive to people's needs and personalised to their specific needs. Our observations

showed that staff were aware of the guidelines and how to implement these should a situation arise. During the inspection we saw staff quickly diffuse a situation when one person became distressed as they were having difficulty ordering items online. Staff demonstrated good skills and knowledge of the person and how to best defuse the situation. Moments later the person appeared calm and focused and enjoying a different task. The manager told us that some people could become anxious and distressed. Clear detailed guidelines for staff were available, on how best to deal with people when they became anxious or distressed.

The service had a good complaints process in place that was easily accessible to all and all complaints were dealt with in a timely and effective manner. We were unable to speak to people about the complaints process however one relative informed us that should they have a concern then they would communicate this with the manager or a member of staff on site and this would be dealt with within a timely manner which further gives the relative reassurance that their person is in the best environment. The manager informed that the service used a local advocacy service to support people and their relative should they have a concern or complaint; information of the advocacy service was readily available to all. Advocacy services help those who are most vulnerable in society to access information and services, be involved in decisions about their lives and to explore choices and options.

Is the service well-led?

Our findings

The registered manager was visible within the service and informed that in her absence there were two deputy managers that looked after the service and kept her up-to-date of all the changes and concerns. The registered manager had a very good knowledge of all the people living there and their relatives.

People and relatives felt at ease discussing any issues with the manager and her staff. One relative said, “The manager was very good and would always do what they can for the people in the home.”

People benefited from a staff team that felt supported by the registered manager and said, “If we ask for anything they always do their best to provide it, for example, if we felt that people’s needs had changed and we needed more support to meet their needs then the manager would do her best to review people’s care taking into account changes we have raised and involve us in the decision making. She puts people’s needs at the forefront of her

decision making.” Staff said this helped them to assist people and helped to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role.

People and their relatives were involved in the continual improvement of the service. The manager told us that their aim was to support both people and their family to ensure they felt at home and happy living at the service. The manager informed us that she held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff, be it good or bad.

There was a number of quality monitoring systems in place. Where we had highlighted some areas of improvement for example, some audits that required updating the manager responded immediately to bring all systems up to date. We found the manager to be open and transparent and highlighted her own errors and areas which needed to improve, to ensure the service was running smoothly and continually improved the care delivered to people.