

# 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

This inspection took place on 11 February 2016.

Willow Bay is registered to provide accommodation with personal care for up to five people who have a learning disability. There were five people living at the service on the day of our inspection.

A registered manager was 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 were knowledgeable about identifying abuse and how to report it to safeguard people. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People were supported to eat well and were encouraged to choose healthier food options to maintain their health and well-being.

There were sufficient, skilled staff to support people at all times and there were robust recruitment processes in place. Staff were caring and respected people's privacy and dignity. People were supported to participate in social activities including community based outings.

Staff felt well trained and supported and used their training effectively to support people. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

People received personalised care and staff knew them well. Relationships between people, relatives and staff were positive. Staff were caring and responsive. Care plans were clear, provided staff with guidance and were reviewed regularly. People and their relatives were involved in planning and reviewing their care. People were supported to express any concerns and information about making complaints was available in easy read format.

The service was well led; people knew the manager and found them to be approachable and available in the home. People and staff in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and manager had systems in place to check on the quality and safety of the service provided.

## 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.

Staff knew how to recognise and report abuse. There were systems in place to manage risk to maintain people's safety.

Staff recruitment processes were thorough to check that staff were suitable to work in the service. There were enough staff to meet people's needs safely.

Medicines were safely managed and people received their medicines as they should.

### Is the service effective?

Good ●

The service was effective.

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing support.

Staff received training and supervision suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet and were supported to access appropriate services for their on-going healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs. Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

### Is the service responsive?

Good ●

The service was responsive.

People's care was planned so that staff had guidance to follow to provide people with consistent person centred care. People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

### **Is the service well-led?**

The service was well led.

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

Opportunities were available for people to give feedback, express their views and be listened to. There were systems in place to monitor and maintain standards of quality and safety at the service.

**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 was undertaken by one inspector on 11 February 2016. This inspection was unannounced.

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 also looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with one person and a relative. We also spoke with the registered manager and three staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to three staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality at the service.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. They told us, "I like living here, they [staff] all look after me." A relative we spoke with told us, "The staff are top notch and keep [name] safe."

Staff had attended training in safeguarding people and were aware of the whistleblowing procedure. A copy of the current local authority guidance on safeguarding was available in the service along with the provider's own policies including 'whistleblowing' for staff. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. A member of staff we spoke with told us, "I would report to my manager if I had any concerns and then if needed I know to contact the local authority."

Risks for each person living at the service had been assessed and reviewed. The assessments gave staff guidance on how to support the person safely, such as when in the community or with their mobility needs. There were processes in place to keep people safe in emergency situations.

People were cared for in a safe environment. The provider employed maintenance staff as appropriate to carry out repairs at the service. Staff carried out regular environment audits and knew who to contact in case of an emergency such as plumbers and electricians.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. The manager demonstrated that they had completed appropriate checks prior to staff starting their employment. This included Disclosure and Barring Service (DBS) checks. These checks are completed to ensure staff are suitable to work with vulnerable people. This was confirmed in the staff records we reviewed.

There were enough staff available to meet people's needs safely and a one to one staffing level was in place. Staff and the registered manager confirmed that there were enough staff available to enable them to meet people's needs safely and well, including with social activities and appointments. This was confirmed in the people's support records and staff rotas we viewed. One member of staff told us, "We work as a team here and always have enough staff on duty."

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Medication administration record (MAR) charts were completed consistently and a check on the quantity of medicines in stock was accurate. We reviewed medication audits which confirmed that medication was being managed safely. We observed staff supporting people with their prescribed medication in a respectful way.

## Is the service effective?

### Our findings

People were supported by staff who had received appropriate training to carry out their roles. Staff told us, "We have lots of training here and always refresher training too." A relative told us, "They [staff] appear to be very well trained in caring for [relative's name] needs."

The manager's records and discussion with staff confirmed that staff received the training they needed to enable them to provide the person with safe, quality care. Staff told us they felt well supported and received regular formal supervision and appraisal with their manager. Records provided by the registered manager confirmed this.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

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 the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. The registered manager demonstrated that an application had been made to the local authority for a DoLS assessment.

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People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and preferences. Staff advised that a planned menu was in place and this had been devised with the involvement of people living at the service. One person told us "I get to choose what I want to eat and then they [staff] help me to get the food." One relative told us, "The food is always lovely and fresh here, there is always a wide choice and the staff know what [relative's name] likes to eat."

People were supported to maintain good health and to have access to healthcare services. Care records demonstrated that staff sought advice and support for people from relevant professionals. This included behavioural therapists, GP's and dentists. Outcomes were recorded so that staff had clear information on meeting people's needs. A 'hospital passport' was included as part of the person's care records. This provided important information about the individual person's needs, abilities and preferences to share with other healthcare professionals in providing care and treatment to the person.

## Is the service caring?

### Our findings

People received care and support which was individualised and person centred. We saw that people and their relatives had been involved in the planning of their care. Some people were unable to verbally communicate and staff demonstrated that they had gained their agreement through their preferred communication method. For example, objects of reference had been used to ensure they person was able to understand what was being planned. All the interactions observed between staff and people were positive. Staff engaged with people in social conversations and listened to what people had to say. Staff were kind and caring in their approach.

We observed one person discussing with staff a decision of an activity they were undertaking. Staff were seen to be supportive and caring whilst engaging with the person.

One person told us how they are supported to maintain and develop relationships both in the service and community. They told us, "I go out to clubs to see my friends and I also go and see my mum and dad every week."

Staff were knowledgeable about people's life histories and their likes and dislikes. One relative told us, "They know [relative's name] needs so well, they know all signs of when she is upset and know what she likes to try and calm her."

We observed staff to show people kindness and compassion throughout of inspection. We observed people's privacy and dignity being respected, for example, one person clearly communicated through their actions with staff when they wanted time on their own and staff respected this. This showed that staff valued the person's privacy and dignity.

People's diverse needs were respected. If people wished to receive religious support this could be access in the community.

People relatives were encouraged to visit at any time. The service was spacious and could comfortable accommodate people's visitors and give privacy if required.

## Is the service responsive?

### Our findings

People received support and care that was individual and person centred to their needs. We saw from records we reviewed that people had been involved in the planning of their care. One relative told us, "The staff always call me and ensure that I am aware of any changes in [relative's name] care."

We also saw that people were encouraged to develop independence skills in line with their plan of care. People were encouraged to undertake college courses, work placements and social events. This was shown to be beneficial to people's well-being and enabled them to enjoy a range of activities of their preference.

From the care records we reviewed these showed detailed information about each person's required support needs. These records also included information regarding people's life history and listed each person's preferences and hobbies. People were supported to participate in a range of activities which had been recorded in their individual diaries. These had included, ice skating, horse riding and holidays of their choice. One person told us, "I go out all the time to meet my friends and I love going to the club." People's assessments and care plans were reviewed regularly to ensure that information regarding people's needs were current and up to date. This meant that staff had up to date information available to them.

The provider had a complaints policy and procedure in place. We reviewed the complaints records and found that although there had only been one complaint raised since the last inspection, records showed that an investigation and response had been completed in line with the policy and procedures held within the service. Information on how to complain was displayed in an easy read format to be more accessible to people using the service.

## Is the service well-led?

### Our findings

The service was well led and had a registered manager in post. They demonstrated they had kept their knowledge up to date regarding changes to relevant legislation, standards and inspection approach and so were aware of their responsibilities in relation to the quality of the service they provided.

The registered manager had systems in place to ensure staff had the information they needed to provide a good service. Clear and effective communication systems were in place, including handover and a communication book. We observed staff receiving 'handover' at the change of a shift, relevant information was given to staff about people's care needs and any changes to their needs. Records and documents relating to the running of the service and the care people received were clear and well organised.

There was an open and inclusive approach in the service. The registered manager was visible throughout the service and would often be part of the caring staff team. They had good knowledge about the people that used the service. This enabled them to remain aware of how the service was operating and were directly in touch with the people. Staff told us that the registered manager was always available and listened to them and to people living at the service. A member of staff told us, "[Name of manager] is really good and helpful." Another said, "Always got time to listen and is open to our ideas to help people."

Systems were in place to seek the views of the people, their relatives and others as to the quality of the service provided to people. Annual surveys are sent to people, relatives and other professionals to gain feedback regarding the service. These are returned to the provider's head office and a summary of outcomes are sent to the service. Of those survey received from 2015, only positive comments were received. The registered manager told us that the provider is supportive and will drive for improvement within the service.

The provider had systems to monitor, assess and improve the quality and safety of the service. Checks were completed in the service for example on medication and health and safety. The registered manager confirmed that all quality assurance audit data is sent to their head office and then is reviewed to for any trends. Any actions required are then discussed in the manager's monthly meetings.