

Kingswood Care Services Limited

Kingswood Care Services Ltd - Head Office

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

About the service: Kingswood Care Services provides a domiciliary care service which offers personal care, companionship, and domestic help to support people living in their own home in the community. The support offered ranges from 24-hour care to a few hours per week.

People's experience of using this service:

There were systems in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding procedures and understood how to protect the people they supported.

Risks to people's safety were identified, assessed and action was taken to keep people safe. When people were at risk, staff had access to assessments and understood the actions needed to minimise avoidable harm.

There were enough staff deployed to meet people's needs and all relevant pre-employment checks were undertaken to ensure they were safe to work with people in the community.

Medicines were administered and managed safely by trained and competent staff. Staff had knowledge of safe hygiene practices to support people around infection control.

When there had been incidents, the provider had learnt lessons and put improvements in place.

People were supported by staff who had the necessary skills and knowledge to understand and meet their needs. Staff felt supported and had access to training relevant to their roles.

People were supported to do their shopping, prepare their meals, and eat healthily. People were positively encouraged and supported to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had formed positive caring relationships with people who used the service and their relatives. People remained as independent as possible due to staff knowing people's individual likes and dislikes. Staff were mindful to support people in a way which maintained their dignity and upheld their right to privacy.

Governance arrangements were in place. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. The quality assurance and auditing system contributed to service delivery. However, some monitoring processes needed strengthening.

We made two recommendations for the provider to consider in relation to end of life care and monitoring the quality of the service.

Rating at last inspection: At the last inspection, the service was rated as Good (published 12 October 2016).

Why we inspected: This was a planned inspection based on the previous rating. The service remains Good with a Requires Improvement in well led.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well led.

Details are in our Well led findings below.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: Kingswood Care Services provides a domiciliary care service which offers personal care, companionship, and domestic help to support people living in their own home in the community. Eight people were being supported at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started on 2 May 2019 and ended on 30 May 2019.

What we did: Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications notify us of deaths and other incidents that occur, which when submitted, enable the Commission to monitor any issues or areas of concern. We reviewed the provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During the inspection we met one person who used the service. We carried out phone calls to two family

members and two staff. We visited the office and spoke with the registered manager, service manager, community care coordinator, and a director. We looked at four people's care records to see how they were supported. Other records looked at included three recruitment files to check suitable staff were employed and quality assurance documents.

The registered manager sent us additional information after the office visit as requested which we looked at as part of making a judgement about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. One relative said, "We are happy with the care, I know they are safe, that's always reassuring."
- Staff knew how to support people to keep safe at home and in the community.
- The provider was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely.
- Risk assessments were in place for people and well managed. They described potential risks and the safeguards in place to reduce the risk, whilst supporting people to remain independent.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff working at the service who knew people well. Staff rotas were planned and organised and cover was available from the providers' other services when needed.

Using medicines safely

- Staff were trained in the administration of medicines, creams, and ointments. Records were completed to show that medicines were managed safely. Observations of staff practice were undertaken to ensure they were competent in this task.
- People collected their medicines with the support of staff who provided advice and guidance about how to store and take them as prescribed. One person said, "If I need to take any tablets, I can ask [name of member of staff] what to take."

Preventing and controlling infection

- Staff were trained in the prevention of infection and hygiene procedures.
- Staff encouraged people to undertake cleaning and tidying up and follow good housekeeping guidelines to ensure their home was clean and safe to live in.

Learning lessons when things go wrong

- The provider had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again. For example, to ensure safeguarding referrals were reported in a timely way, a safeguarding App for managers, linked with the new safeguarding policy, had been introduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider worked in line with good practice guidance and the law. They were a member of several associations such as Autism Anglia and Foundation for Challenging Behaviour to keep up to date with current trends and information to help with supporting people with complex and high support needs.
- Assessments of people's needs were completed to ensure the service could meet them.
- The initial assessment included people's support needs, choices about when and how they wanted the support to be given and other relevant information such as their medical and life histories.

Staff support: induction, training, skills and experience

- New staff had an induction to the service which included reading the care plan and shadowing other staff members. Staff also completed the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.
- A range of training was provided to staff including safeguarding, mental capacity, behaviour which challenges and health and safety. Specialist training such as epilepsy and autism had also been undertaken to equip staff with necessary skills and knowledge.
- Staff were supported with regular supervision and appraisals. A staff member told us, "It is a very supportive organisation to work for. Any training we need, they supply, or I find it myself and they support me. I have just done a course in sexual health, so I can support people better."

Supporting people to eat and drink enough to maintain a balanced diet

- Records described the support people required with shopping and meal preparation. Health eating options and information about balanced diets was provided in accessible formats so people could make informed choices.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's physical and mental health needs.
- People were supported to access healthcare services, as necessary. One person did not like attending any medical tests and strategies were put in place to assist them to manage these appointments with support.

Ensuring consent to care and treatment in line with law and guidance

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

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- People had signed records to say they agreed with their care and support.
- Advocacy services were used for people who needed independent advice and support to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us the staff were warm, kind and caring. One person told us, "I know [staff member] very well and I trust her. I know what they like, and they know what I like, it works." A relative said, "From when [manager] walked in the door to do the assessment to now, what a lovely caring attitude and openness."
- Staff understood the importance of developing good relationships with people. One staff member said, "The people I support are so great. Knowing their personalities and ways is vital to supporting them and keeping clear boundaries."
- People's life histories provided information about their religion, culture and sexual orientation to support them appropriately and in a very individual and person focused way.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in the decisions and delivery of their support, whatever, help or support, activity, or pastime they wanted to do. One relative said, "[Name of staff member] goes at completely [person's name] pace. They picked up very quickly on how to distract them to dissolve tension and keep to boundaries which is good. I have noticed how this has made [name of person] less anxious since we have had Kingswood."
- Staff sought people's views and involvement in their care. One relative said, "We were involved from the beginning and this felt that we were valued by the managers and by the staff." Another relative told us, "They keep in touch with us and any changes let us know, but we are happy with the support and [name of person] is happy too."

Respecting and promoting people's privacy, dignity, and independence

- People were treated with dignity and respect by staff. This was clear in the information we saw written about people which was respectful, clear, and objective and showed a true reflection of their daily lives. One written compliment said, "Thank you so much for all you have done and continue to do for our [family member]. We are grateful that you appear a constant." Another said, "I just wanted to say thank you for being the best carer ever that I have had. You were like a best mate to me."
- Independence, autonomy and self-determination were clear goals which the service promoted. Staff had strong core values which reflected the way in which they supported people. People's support enabled them to live in their own home with freedom and choice.
- Information about people was kept confidential and staff had access to care files when they needed it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans showed clearly who people were, their personalities, needs, wishes, preferences and choices.
- Staff were knowledgeable about people and their needs. One staff member said, "I have known [person's name] for a long time now, but I don't take anything for granted. Every day is different, and I go with how they are, it's their life."
- People were given information in a way they could understand. For example, a document called 'People's rights to information' was sent to everyone in easy words and pictures when the data protection laws changed.
- Care plans described the level of support people needed with their sensory and communication needs. Accessible formats, easy words and pictures and symbols were used to enable people to make their wishes known. The registered manager met the requirements of the law in relation to providing information in an accessible and confidential way.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. The registered manager told us that no complaints had been received.
- Regular reviews and communication with people enabled any issues to be resolved quickly before getting to a complaint stage. One relative told us, "I have no reason to complain, if I am unsure about anything I will ring the office and talk to someone. No need for a complaint."

End of life care and support

- No-one using the service was receiving end of life care at the time of our inspection.
- The provider did not have a process in place to support people who required end of life care and support.
- The registered manager told us that this was left for people's families to decide on any specific requests about end of life care.

We recommend that the service seek good practice guidance in relation to people's rights and choices about their end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Quality assurance processes needed to be strengthened. Some records we saw such as meeting minutes were not formalised, staff training files were incomplete and one care plan we saw was messy making it difficult to find the most up to date information about the person and their needs. We spoke with the registered manager about the monitoring and record keeping of the service. Information was requested from them after the office visit. This was received, and some reassurance was given that this had been implemented, However, we still found that a more robust process was required to record, more formally, evidence of the actions taken to monitor quality and delivery.

We recommend that the provider look at good practice guidance on monitoring the service to ensure oversight of the delivery of the service.

- People and family members were positive about the service. A relative said, "I can't fault them, caring, professional and well managed."
- The management team had a clear vision to deliver high quality care and promote a positive culture that was person centred, open, inclusive and empowering. They were clear about their roles and responsibilities. They managed quality delivery of care, risks and their regulatory requirements. However, clarity was needed in terms of supervisory roles and the recording of related paperwork.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others.

- People were fully involved in directing their care and support. Support was very individualised and met people's lifestyle choices and characteristics. One staff member said, "[Name of person] has benefitted from having more independence since joining Kingswood and their quality of life has improved a lot."
- The service undertook satisfaction surveys and invited people to meetings to hear what they had to say about the service. One person had said, "I am very happy with Kingswood and the support I get. [Name of staff member] is cool."
- Meetings with staff took place on a regular basis, either individually or as a group. Staff told us they felt valued and supported. One staff member told us, "I have worked with Kingswood for a few years and feel part of a good team." Another said, "We work so closely that we all know each other well and the people we support."

- Staff worked in partnership with other professionals to meet the needs of people. For example, the local authority and mental health team.

Continuous learning and improving care

- The registered manager took steps to drive improvements and they worked with their partner services to support this. They told us about how they had changed the recruitment process to ensure that interviews were conducted with the involvement of the person the staff member would be working with. This had proved beneficial for the person in matching personalities and staff stayed in post longer.