

## Kingswood Care Services Limited

# Cedar House

### Inspection report

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Date of inspection visit:  
09 January 2020

Date of publication:  
19 February 2020

### 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

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 home accommodates people in one adapted building. At the time of our inspection there were five people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People felt safe living in the service and their belongings were protected. There were processes in place to ensure that staff knew how to protect people from abuse and where to escalate concerns if they needed to. There were systems in place to assess risks to people's health and wellbeing which were individual to each person and staff were aware of how to keep people safe. .

Staff received training and development to be able to support people safely. Staff were supported to develop within the service and had been supported with additional training and qualifications. People were supported to maintain a balanced diet and received information about healthy eating choices. People were supported to maintain their health and wellbeing in line with recommended guidance.

Staff responded to people in a kind and caring manner and people were comfortable with staff. Staff knew people well and were able to communicate with people individually based on their abilities. People were involved in making decisions about their care. People had their privacy and dignity protected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access the community and maintain their hobbies and interests.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We have made a recommendation about planning for end of life care.

People told us that they found the registered manager to be approachable. People said that they had their feedback listened to and felt involved in the service. There were systems in place which supported monitoring the quality of the service provided to drive improvement. The registered manager was actively involved in initiatives to improve the quality of care that people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 16 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Cedar House

## Detailed findings

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Cedar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers and care workers. We used

the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and ensure that their belongings were kept safe.
- People felt safe and protected in the service.
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.
- Staff knew about whistleblowing and confidently spoke about the process.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for mobility issues or accessing the community. They were put together balancing the need to keep people safe whilst also encouraging positive risk taking.
- There were behaviour management plans in place for people who were sometimes at risk of harming themselves or others when they became distressed. These had been put together with other healthcare professionals using their expertise and guidance. These were regularly monitored to ensure they were still effective for reducing the risks to people living in the service.

Staffing and recruitment

- People told us they thought there was a good, stable staff team.
- There were enough staff available to meet people's needs. Staff worked flexibly to be able to support people with activities and trips in the community. Shifts were flexible to be able to support people if they changed their plans.
- Robust recruitment checks were carried out before staff began working at the service. This included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Using medicines safely

- Processes were in place to keep medicines securely and ensure they were ordered, available when needed and administered in line with the prescribed guidelines.
- Staff received training in the administration of medicines and had their competencies checked on a regular basis, including the registered manager, to make sure they were able to safely administer medicines to people when they needed them.
- There was clear guidance in place for the use of 'as required' medicines and homely remedies which included in what circumstances they should be administered, the dosage and what side effects to look out

for.

#### Preventing and controlling infection

- People were protected from the risk of infection. There were cleaning plans in place and staff were provided with training on the prevention of infections.
- There was personal protective equipment available which staff were seen using when they carried out personal care or were preparing food.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and understood the importance of doing so.
- The registered manager had a system for reviewing incidents and looking for patterns and trends. Actions were put in place to prevent incidents from occurring again and to keep people safe. This included speaking with other healthcare professionals for advice and ensuring that staff completed refresher training and competency checks.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed and monitored and support plans were put together in conjunction with other healthcare professionals to ensure they were following appropriate guidance for people's individual needs. For example, health action plans with people's GPs.
- People were supported to develop their independence by being supported to take responsibility for areas in the service such as checking security as this was an area that one person expressed an interest in.
- Staff knew people's needs well and delivered care as detailed in their support plans.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service. Staff spent time shadowing other staff with each person before they worked independently with them.
- Staff received regular training and supervision with the registered manager to ensure that their skills were up to date.
- Staff were given opportunities to gain qualifications and develop their roles. Staff were encouraged to progress to different positions within the organisation.

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

- People were able to access food and drink when they wanted to. They said that they were asked for their views on the menus.
- Menus were available with photos of the meals for people who had difficulty reading menus.
- People were able to choose from a healthy choice of meals which included fresh fruit and vegetables. People were given advice on choosing a balanced diet.
- People who were able to, said they enjoyed helping to prepare some of the meals.

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

- Staff attended appointments with people and when people went into hospital or for check-ups staff helped them communicate and understand what was happening.
- People had access to healthcare professionals based on their individual needs such as community nurses and dieticians. Each person was registered with a GP and had annual health checks.
- People had regular health checks with dentists and opticians to maintain their health.

Adapting service, design, decoration to meet people's needs

- People's bedrooms, communal areas and corridors were spacious to allow enough space for them to move about safely.
- People's bedrooms were personalised and decorated how people had chosen and some people were having their bedrooms redecorated. People said that they had been asked how they would like them decorated.

#### 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood the requirements of the MCA and their responsibility to apply it within the service. They had a process in place for monitoring applications made to deprive someone of their liberty including authorisations received and reapplied for these as required.
- Staff had received training and knew the principles of the MCA and how it applied to people in the service.
- Support plans were person centred and had taken account of people's ability to make decisions about their care.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 were supported with their individual needs and were involved in developing their support plans to make them relevant to them.
- Staff received training in equality and diversity to raise awareness of protected characteristics.
- Staff were aware of people's individuality and respected people's needs in relation to these.

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

- People told us that they spoke with the registered manager and staff every day and felt involved in the service and the care they received.
- Staff knew and understood people very well and spoke to them about topics they were interested in. Staff planned activities based on what people liked and people were excited about the activities they were doing that day such as going into town to buy a new computer game and attending the music man project.
- People had key workers who discussed their views with them which were included in their support plans and together they came up with activities that they would like to try or continue.

Respecting and promoting people's privacy, dignity and independence

- We observed people being independent around the service such as making their own sandwiches and choosing what they wanted to do.
- Staff gave examples of how they respected people's privacy by closing doors when giving people personal care, and allowing them to give their opinions in private so that they didn't have to speak in front of a group if they didn't want to.
- People had action plans for activities that they wanted to try such as going into London. The action plan looked at what support the person would need and what they could do independently. When they had completed it, it was documented what had happened on the day and what the outcome was for the person.
- People were able to choose where in the service that they spent their time. There were communal areas that people could use as well as their own bedrooms when they wanted some time alone.
- People were encouraged to be independent which was reflected in risk assessments and support plans. People said they were able to try new things and explore hobbies such as fencing.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care and making choices about what they did each day.
- People evaluated their care and progress monthly which included things that had gone well that month and things that they would like to do.
- People were supported to achieve goals that they had set for themselves and maintain as much control over their choices as possible. For example, one person wanted to go to London. Plans were made with the person to ensure they were able to visit all the places they wanted to. After people had met their goals they were evaluated with the person to find out whether they felt they had achieved all that they had hoped.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who had communication needs had individual communication plans which contained detailed information about how they communicated and how to ensure they understood what was being communicated to them.
- Information around the service, including support plans and policies, was available in different formats such as pictorial so that people could understand them.
- People who needed them, had communication passports in place that they could take with them when they needed to use other healthcare services to enable them to communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to frequently access the community for personalised activities. People told us they were supported to socialise with their friends and were able to maintain their hobbies. People chose what activities they wanted to do on a daily basis, the only activity planned in advance was swimming to allow staff to take their swimming clothes and towels with them.
- People were supported to maintain personal relationships and to spend time with their partners and families as well as including them in activities and parties within the service.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns if they were not happy about something. They told us that they had not had to for a long time. Information about how to make a complaint was displayed in a communal area in a format people were able to understand.

- There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures.
- People were encouraged to express their views as part of meetings, surveys and care reviews.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- Staff had not discussed people's preferences for the end of their life with people.

We recommend the service review best practice for supporting people living with learning disabilities and mental health problems to identify their end of life preferences and take the appropriate action.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us they found the registered manager approachable and that there was an open culture throughout the service. Staff liked working at the service and there was a low turnover of staff.
- The values of the service were reflected in the way that staff and the registered manager talked about the service. The core value was to keep the service feeling like people's home and be led by the people who lived there. People told us they were included in all decisions about the service and had full control of their daily living.
- People were treated as individuals and received care based on their preferences and choices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were aware of whistleblowing and said that they would feel confident to raise concerns if they had any.
- The registered manager was aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and to put plans in place for preventing them happening again.
- The registered manager kept up to date with best practice guidance to drive improvement in the service. The registered manager shared knowledge and best practice with other registered managers at an away day every four months held by the provider.
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans in place if shortfalls were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were eager to improve people's experiences in the community. One member of staff had developed a website for people to review local amenities such as cafes and leisure venues. This was to give people an idea about how suitable they were for people with a learning disability to visit. People had given their views about some of the places they had visited.
- The registered manager carried out a survey with people who used the service, their relatives and healthcare professionals every year to gather their opinions on the quality of the service. They put together an action plan of any comments or feedback they received to make improvements to the service. The

comments we viewed were very positive about the service.

- The provider held an involvement meeting for people in October 2019. People from all of their services were invited to attend and some from each service did. Feedback was positive, and comments included that people were happy with staff and their key workers. This was shared with everyone at the service.

#### Continuous learning and improving care

- Staff said that they were always looking for ways to make things better for people who lived at the service whether it was new experiences for them to try or improvements around the service such as redecorating their bedrooms.
- The registered manager had a quality monitoring system in place to ensure that the quality and safety of the service was regularly reviewed, and improvements were made where needed.
- The provider had oversight of the quality management system and conducted checks and audits to support the registered manager to improve the quality of the service.

#### Working in partnership with others

- The registered manager had joined the skills for care registered managers network to keep up to date with developments in social care to drive improvement at the service such as changing the way that staff meetings were held. They changed them to a circle format. This gave staff the opportunity of equal input into the meeting to make them more inclusive.
- The registered manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation. For example, working with specialist learning disability nurses to support people in preparing for going into hospital if they needed to. The provider also invited organisations such as healthwatch and pharmacists to come and share knowledge at their managers meetings which was then fed back into the service.
- Action was taken in partnership with other organisations in relation to incidents where people were considered a risk to themselves or others such as putting behaviour management plans in place to reduce the risk of harm. Following a safeguarding incident, the registered manager had attended additional safeguarding training which they said had helped them evaluate how things had been managed and how they could be done differently in future.
- The service had signed up to the Stopping The Over Medication of People with a learning disability (STOMP) pledge and had implemented measures based on the guidance and resources to reduce the amount of medication prescribed for people.