

Principle Support Ltd

Kirkby View

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Kirby View is a 'care home' providing respite care [short stay] on both a planned and short notice basis. 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.

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

The service provided care and support from trained staff and specialists able to meet people's needs. Managers ensured staff had relevant training, regular supervision and appraisal.

People received kind and compassionate care from staff who protected and respected their privacy and dignity. Staff understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.

People and those important to them, including advocates, were actively involved in planning their care.

People were supported to be independent and had control over their own lives. Their human rights were upheld.

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.

People's risks were assessed regularly and managed safely. People were involved in managing their own risks whenever possible.

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

Rating at last inspection.

This service was registered with us on 11 November 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned first inspection following registration with the Care Quality Commission

(CQC).

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?

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.

Kirkby View

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector carried out this inspection.

Service and service type

Kirkby View 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 inspection

We reviewed information we had received about the service since registration with CQC. 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. This

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During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided.

We spoke with five members of staff including the registered manager, the quality assurance manager, a team leader and two support workers.

We reviewed a range of records. This included two people's care records and 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 quality assurance records and staff records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse.
- People and their relatives told us they felt safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person said, "The staff are friendly. I like everyone" and a relative said, "Oh yes, [relatives] fine at Kirby View, they are definitely safe."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One person told us they would talk to staff if they were worried.

Assessing risk, safety monitoring and management

- Risk relating to people and the environment had been assessed and regularly reviewed.
- Staff knew people well and were aware of how to reduce risks and keep people safe. Some people living at the service required support to manage difficult or distressed behaviours. Staff received training and clear guidance about how to do this safely. People's care and support was provided in line with care plans
- Emergency evacuation plans were in place to ensure people were safe in the event of fire.

Staffing and recruitment

- The provider had followed safe recruitment processes and had made the necessary checks before staff worked with vulnerable people.
- The service had enough staff, including for one-to-one support, for people to take part in activities and visits, when they wanted too.
- People told us they enjoyed going shopping and out for meals when they were in respite.

Using medicines safely

- Medicines were administered, stored and disposed of safely.
- Staff received regular training and competency assessments on the administration of medicines to ensure they were safely administering medicines.
- The provider had effective audits in place to check medicines had been administered as and when prescribed.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policies were up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Assessment of people's needs started at admission and the managers ensured people's needs were regularly assessed and monitored.
- Care and support plans were person centred and reflected people's needs and aspirations.
- Staff followed and applied their learning in line with professional guidance, such as following the principles of positive behaviour support when someone was feeling anxious or distressed.

Staff support: induction, training, skills and experience

- People were supported by staff with the necessary skills and knowledge to effectively meet their assessed needs. The provider had a training programme in place for all staff to complete whilst they were employed at the service. For example, staff had been given training in fire safety, the Mental Capacity Act, moving and handling, infection control, positive behaviour support, person centred care and safeguarding.
- Staff told us they received a thorough and in-depth induction prior to lone working.
- Staff had regular supervision and appraisal.

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

- People's preferences were documented in their support plans and staff were aware of people's dietary needs, including likes and dislikes.
- Staff understood people's dietary needs. Staff ensured people were involved, as much as they wanted to be, with choosing, planning, preparing and cooking meals.
- One person told us, "I make toast and on Friday I ordered a takeaway."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The outside of the property was enclosed and spacious, so people could access the garden when they chose.
- Some communal areas of the home needed decorating and making more homely. We discussed this with the registered manager who agreed they would take immediate action to address this concern.

Supporting people to live healthier lives, access healthcare services and support

- People's physical and emotional needs were well documented in health action plans and clear records of professional input and outcomes were recorded.

- Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required.

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.

- People's capacity had been assessed and where necessary best interest meetings had been held to ensure appropriate decisions were being made for people.
- People told us they were involved in decisions.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff had developed positive relationships with people and knew how to support them. They spoke with kindness and compassion about the people who stayed at the service.
- Staff received training in equality and diversity and were aware everyone should be treated as individuals.
- Staff told us they treated people like they would their own relatives. One person said, "The staff are nice to me."
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. One member of staff told us, "We treat everybody as individuals, and we try to support them with their beliefs."

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

- People were encouraged to be involved in making decisions about their care.
- People were given time to listen, process information and respond to staff and other professionals using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Due to the complex needs of some people supported, they weren't always able to voice their choices. However, staff told us they would always encourage choice, where possible. We observed this throughout the day.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when they discussed people's support needs.
- Staff supported people to be independent and to try and do what they could for themselves, such as making their own drink or sandwich.
- People had the opportunity to try new experiences, develop new skills and gain independence. For example, one person had been supported to look at different college courses
- Staff knew when people needed their space and privacy and respected this. People felt confident to indicate when they wanted to be left alone. For example, one person told us, "Sometimes I like the staff to come shopping with me and other times I prefer to go on my own."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- There was detailed personalised information on people's individual characteristics, to help staff get to know people. There were records of 'what was important to people' and their 'likes and dislikes'.
- People were encouraged to follow their interests and maintain relationships with friends and relatives, where this was important to them.
- People were supported to access community activities and follow their interests and hobbies.

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 had individual communication plans that detailed their preferred communication methods.
- Where verbal communication was limited, people were supported to use alternative methods. This included pictures, objects, photos and the use of technology, such as an electronic tablet device.
- Information was available in accessible formats. For example, information on how to complain, how to keep safe and Covid-19 was available in easy read formats.

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 supported to access community activities and follow their interests and hobbies.
- People were encouraged to maintain relationships with friends and relatives, where this was important to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and an 'easy read' version was available.
- There had only been two complaints at the service. These had been dealt with appropriately.

End of life care and support

- No one using the service at Kirby View was currently receiving end of life care.
- Staff were able to access training on the subject should they ever need to support people in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored. For example, one person told us how they wanted to live in their own flat. Both the person and the staff started to research different housing options and what would be needed to make this happen. The progress so far was recorded, and planning was ongoing at the time of the inspection.
- The provider ensured the policies and procedures supported equality, diversity and human rights. There was a fair employment process in place which did not discriminate against the protected characteristics, such as age, gender or disability.
- Staff, relatives and professionals were given the opportunity to give feedback on the service, so the provider could drive improvements.

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

- The manager acted openly and professionally.
- Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a clear understanding of what was expected of them. They were aware who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met.
- The provider had a range of policies and procedures governing how the service needed to be run. They were reviewed and updated with the latest guidance within the health and social care field.
- The provider ensured staff were kept up to date with any changes to ensure they updated their knowledge and kept their practice current.

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

- Meetings were also held with people who used the service, and this gave them an opportunity to share any

issues they might have or anything they would like to discuss.

- Staff, relatives and professionals were given the opportunity to give feedback on the service, so the provider could drive improvements.

Continuous learning and improving care

- The provider had systems and processes in place to continually learn and improve care following best practice principles for improving the lives of people living with a learning disability or autism.
- The provider carried out audits to monitor the quality of the service and to identify how the service could be improved. These included areas such as health and safety, care records, staff training and medicines charts, to ensure they provided care and support to people to the required standard.

Working in partnership with others

- The manager and staff worked well with external health and social care professionals. There were various professional involved with the service such as advocacy services, speech and language therapists, occupational therapists and learning disability nurse.