Kingfield Care Home Limited

The Manse

Inspection report

24 St Andrews Road
Nether edge
Sheffield
S11 9AL

Website: www.kingfieldcarehome.co.uk

Date of inspection visit:
15 June 2016

Date of publication:
11 July 2016

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

The inspection was unannounced, and the inspection visit was carried out on 15 June 2016. The home was previously inspected in June 2014, where no breaches of legal requirements were identified.

The Manse is a 9 bed care home, providing care to adults with learning disabilities and who have additional support needs including autistic spectrum disorders and behaviour which challenges. The home offers its services on both a long stay and respite basis

The Manse is located in the Nether Edge area of Sheffield. It is in a quiet area, but within walking distance of shops, pubs and cafes. It is approximately two miles from the city centre.

At the time of the inspection the service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection, we observed staff speaking with people with warmth and respect, and people's dignity and privacy were upheld as staff carried out their duties. Staff had a good knowledge of people's needs and preferences, and care plans were highly personalised and indicated that staff understood people's needs well.

Staff had an understanding of the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. There were appropriate arrangements in place for people to consent to their care and treatment.

Meals were designed to reflect people's preferences. People were encouraged to contribute to meal planning and preparation, and we saw evidence of this taking place.

Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. However, we noted that when safeguarding incidents had occurred, the provider had failed to make appropriate notifications to the local authority or to CQC.

There were arrangements in place to regularly review people's needs and preferences, so that their care could be changed if required.

There was a system in place for monitoring the quality of service people received, and for receiving feedback from people using the service and their relatives.

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 were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. However, we noted that when certain safeguarding incidents had occurred, the provider had failed to make appropriate notifications to the local authority or to CQC.

There were comprehensive risk assessments in place where people were vulnerable to the risk of harm, or where people may present harm, and we saw evidence that these risk assessments were being adhered to.

Is the service effective?

Good

The service was effective. Staff had an understanding of the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. There were appropriate arrangements in place for people to consent to their care and treatment.

Meals were designed to reflect people's preferences. People were encouraged to contribute to meal planning and preparation, and we saw evidence of this taking place.

Is the service caring?

Good

The service was caring. We observed staff speaking with people with warmth and respect, and people's dignity and privacy were upheld as staff carried out their duties.

Staff had a good knowledge of people's needs and preferences, and care plans were highly personalised and indicated that staff understood people's needs well.

Is the service responsive?

Good

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be changed if required.

There was a complaints system in place, and people we spoke with told us they would feel confident to complain if they wished

to.

Is the service well-led?

Good

The service was well led. There was a registered manager in place who had a good understanding of their role and responsibilities.

There was a system in place for monitoring the quality of service people received, and for receiving feedback from people using the service and their relatives.

The Manse

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 checked 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 15 June 2016. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with one staff member, the home's manager, and three people who were using the service at the time of the inspection. We also checked the personal records of four of the nine people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team. We observed care taking place in the home, and observed staff undertaking various activities, supporting people to make decisions and express their views.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. 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.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at The Manse. One person said: "The staff keep me safe, and the house is safe, there's nothing to worry about here." Another person told us that the home was a safe place to live in.

We found that staff received annual training in the safeguarding of vulnerable adults. The home's training records showed that all permanent staff had received this training in the previous 12 months. The staff we spoke with spoke confidently about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. The provider's policy, as well as the local authority's procedures, in relation to safeguarding were available on the premises. We checked records of incidents and found that, although incidents were documented in detail and staff had taken appropriate steps to protect people, the provider had failed to make alerts to the local authority, or the legally required notifications to CQC. We discussed this with the registered manager on the day of the inspection and they gave us assurances that this would be addressed.

We checked four people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were highly detailed, and set out all the steps staff should take to ensure people's safety. Some people using the service exhibited behaviours which could cause harm to themselves or others. The risk assessments we checked showed that this was well understood, and that the provider had taken appropriate steps to manage risk and reduce harm.

Recruitment procedures at the home had been designed to ensure that people were kept safe. All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. In addition to this, staff provided a checkable work history and two referees, including from their most recent employer.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

People's care records contained details of the medication they were prescribed and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, often known as "PRN" medication, there were details in their files about when this should be used. This included descriptions of idiosyncratic signs, gestures or behaviours that the person may use to display that they might require this medication.

Good

Is the service effective?

Our findings

We spoke with people using the service about the food available in the home. They told us that food was plentiful and said they were involved in planning and preparing meals. There was a rolling menu which people contributed to, airing their views about food during regular meetings. We asked one person using the service what would happen if they didn't like what was on the menu. They told us that an alternative was always available, and that they always enjoyed the meals they had. The home had recently begun themed food nights, where food was based on international themes. People told us they had recently enjoyed a Caribbean food night, and were planning a forthcoming French food night, which they spoke about with enthusiasm.

We checked four people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records where people were at risk of poor diets or malnutrition, or where people experienced behaviour which challenged in relation to food or mealtimes.

The manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training, and staff training records corroborated 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

The local authority had instructed the manager to make DoLS applications for everyone living at the home, although some people did not lack capacity and therefore it was not clear that the applications were necessary. They had been submitted and were awaiting judgement from the local authority. We did not identify anyone who was being inappropriately deprived of their liberty at the home.

Care records we checked contained details of mental capacity assessments and, where appropriate, records of best interest decisions. A best interest decision is something which is undertaken when a person cannot give consent to an aspect of their care, to assess whether the care given is in the person's best interest.

The staff member we spoke with told us about the availability of training within the home and said that there were ample training opportunities. We checked the home's training matrix and found that staff had received training in medicines administration, dignity and respect, safeguarding vulnerable adults and health and safety, amongst other areas relevant to meeting the needs of people using the service.

People's care records showed that additional support from external healthcare professionals was readily available. Where an external healthcare professional had been involved in someone's care, relevant care

plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

Good

Is the service caring?

Our findings

We asked two people using the service whether they found the staff to be caring. They said that they did. One person said: "They [the staff] are all really nice and good. They are funny as well, we have good times." Another said that they enjoyed going shopping and playing games with staff. We looked at the feedback provided by relatives of people using the service. One had written: "The standard of care is impressive." All relatives who had completed a feedback form said that they would recommend The Manse to others.

We observed the way that staff respected privacy and dignity. We saw that staff addressed people with warmth and kindness, and understood people's needs well. Where people required prompting or support, this was done discreetly and with respect. During the inspection, some of the people using the service were assisted by a staff member to make biscuits. The staff member doing this was skilful in their approach, ensuring that people took the lead in the task, but providing discreet support and prompting where required. The staff member ensured that everyone was involved in the task by dividing the jobs to be done, and ensuring that tasks were appropriate to people's ability level. People told us they enjoyed making the biscuits.

We noted that staff worked in a collaborative way with people, enabling them to make decisions independently with appropriate support and guidance. Two of the people living in the home supported rival football teams. The registered manager told us that this had caused difficulties at times, as the two people would argue when they were wearing their football shirts. An agreement was reached between the two people that, in the interests of improving their relationship and developing a more harmonious environment, they would only wear their football shirts when going to watch the match. We asked one of the people concerned about this. They were clear that it was a decision that they had reached themselves, and could describe the benefits of the agreement.

Staff had a good understanding of people's individual needs and preferences, and could speak with knowledge about each person using the service. During the course of the inspection, whenever people requested assistance staff responded quickly and respectfully.

People were involved in day to day decisions in the home. There were regular meetings where people decided what activities and outings they wanted to participate in, and what meals should be served. Much use was made around the home of signs, symbols and pictures, to assist people in understanding what was happening in the service and what facilities were available. This included a photo rota of staff which people using the service updated every day, and a photo menu which showed what food was available, and whose turn it was to assist with meal preparation. This was an innovative example of good practice which assisted people with communication difficulties better understand the day to day arrangements in the home.

Care plans we checked showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needed. There was personalised information in each care plan setting out how people communicated and, where appropriate what people's idiosyncratic signs and gestures were understood by staff to mean. This also

included information about what staff should do when people communicated using signs or gestures. There was evidence that these documents were updated when further information was gleaned, for example, when new behaviours were exhibited or when staff gained a better understanding of what the person may be trying to indicate.

Good

Is the service responsive?

Our findings

Staff told us that people were able to participate in a range of activities, with the focus being on people making decisions about what they wanted to do, rather than organised formal activities within the home. People told us they enjoyed taking part in activities both in the home and within the community. One person told us they liked going to watch football with staff, and another said they enjoyed playing card games.

There was a high level of community involvement for people using the service. Some people had work placements within the local community, and trips out to local entertainment venues were frequent. There were photos in the home of many activities and trips that people had participated in, and people told us, or indicated, that they had enjoyed these activities.

We checked care records belonging to four people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Through checking care plans we could see that people were making progress in areas where they had been identified as needing assistance. For example, one person had needed help in relation to personal hygiene when they first arrived at The Manse. Staff had devised a programme to give appropriate assistance and prompting, and records showed that the person had made improvements in this area and no longer required the same level of support.

We asked the manager to tell us about a time when people's needs had changed and what had been done to ensure their needs were still met. They described that one person's needs had recently changed, and as a result they were being supported to access a range of external healthcare professionals to identify how best to meet their changing needs. The manager had an extensive knowledge of this, and a good understanding of how best to support the person to ensure their needs were met

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Where required, changes were made to people's care as a result of these reviews. We looked at people's daily notes, which is where staff recorded the day to day support that people had been provided with. We noted that they were not particularly detailed, and did not reflect the level or complexity of support we saw provided during the inspection. We raised this with the registered manager on the day of the inspection. They told us they would consider ways to assist staff to record more detail in people's daily notes.

There was information about how to make complaints available in the communal area of the home, and a complaints policy. We checked records of complaints received, although there had only been a small number received. Where complaints had been received, we saw that the registered manager had responded quickly, and changes were implemented to the way the service operated, where required.

Good

Is the service well-led?

Our findings

The service had a condition of its registration stating that the provider should have a registered manager in place, and the home's manager had been registered with CQC for several years. They were supported in their role by a deputy manager and senior support workers.

The registered manager had a very hands on approach to their role, and described that typically they worked one day per week "in the numbers" which meant that they acted within the care team, providing support and care to people using the service. The registered manager knew people using the service well, and they responded warmly to her. During the inspection we saw that people using the service regularly spent time in the manager's office, and saw that she welcomed this.

Staff told us that they found management within the home to be very approachable. One staff member said that they enjoyed working for the company, and said that as the location and provider were relatively small there was a sense of teamwork and accessibility of management. Relatives' feedback forms showed that relatives had positive views about the registered manager, with one recording that the registered manager was "absolutely amazing."

We asked the registered manager to tell us how they monitored the quality of the service provided. They told us they did this via informal methods, carrying out visual checks and observing care, and also by formal audits and checklists. We looked at records of these and saw that they were carried out frequently, and audited various aspects of the service including health and safety, medication and care plans. In addition to this, a representative of the provider carried out a monthly formal audit, which checked areas including personnel, the environment and people's care reviews.

We checked records of recent team meetings and saw that they were used to discuss people's wellbeing, training, policies and procedures and safeguarding.

There was a supervision and appraisal programme in place, and we saw that staff had regular supervision with a nominated manager. The supervision meetings were used to discuss any staff performance issues, staff development needs and wellbeing, as well as any issues regarding people using the service.

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. In the PIR, the provider told us that they planned to introduce meetings for people using the service to enhance the quality of service provided. During the inspection we saw that this had been implemented to good effect, enabling people to have input into the way the home was run.