Perthyn

Perthyn - Kingsfield House

Inspection report

Kingsfield House
Kingsfield Close, Kings Heath Industrial Estate
Dallington
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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:
Perthyn - Kingsfield House provides domiciliary care and support to adults with a range of learning disabilities as well as people who also have profound physical disabilities. Support staff are provided throughout the 24hr period to enable people to continue living in the community in shared or single occupancy housing. At the time of our inspection, the service provided care and support to 20 people in 17 houses located in Northampton, Wellingborough and Towcester.

People's experience of using this service:
- A family member said, 'I'm happy with the care and [person] is really happy."
- A staff member said, "People enjoy coming to work and making a difference to the people they support."
- Staff were motivated to provide person-centred care based on people's choices, preferences and likes.
- People were extremely well supported to do the things they wanted to, and go where they wished.
- People were actively involved in recruiting new staff which helped to ensure care was person-centred and people were able to build positive relationships with the staff who supported them.
- Care records contained clear information covering all aspects of people's individualised care and support.
- Staff had regular opportunities to update their skills and professional development so they could effectively perform their roles.

Rating at last inspection: The service was rated Good at the last inspection on 7 September 2016.

Why we inspected: This was a scheduled inspection based on the rating of the last inspection. We found the provider had maintained the characteristics of Good in all areas and the overall rating remains as Good.

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

Further details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Further details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Further details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Further details are in our responsive findings below.

Is the service well-led?

Good

The service was responsive.

Further details are in our Responsive findings below.

Perthyn - Kingsfield 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. 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:
The inspection was carried out by one inspector.

Service and service type:
This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission but were in the process of applying to have one registered. A registered manager 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:
The inspection was unannounced.

Inspection site visit activity started on 6 March 2019 and ended on 9 March 2019. We visited the office location on 6 and 9 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We spoke to people who used the service in person and relatives on the telephone.

What we did:
• Our inspection was informed by evidence we already held about the service. We also checked for feedback from members of the public and local authorities. We checked records held by Companies House.
• We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• We spoke with two people who used the service and three relatives.
• We spoke with the provider's HR Director, the Assistant Director of the Specialist Support Department, a Regional Manager, two support managers and one care support worker.
• We reviewed five people's care records, four staff personnel files, audits and other records about the management of the service.
• We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

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:
- Staff completed safeguarding training during their induction and received regular refresher training.
- The service had safeguarding and whistleblowing policies and staff told us they knew what to do if they had safeguarding concerns.
- We saw evidence the service had dealt positively and appropriately with a previous concern.

Assessing risk, safety monitoring and management:
- People's care plans contained comprehensive risk assessments and clearly set out how staff should care and support people safely.
- The service completed detailed Positive Behaviour Support Plans which gave staff tools and ideas to support people when their behaviour became challenging as a result of distress or outside influences.
- One relative said, "This is the first company that have actually settled [person], [they're] not leaving home without staff knowing so much now.''

Staffing and recruitment:
- One person told us, "I like all my staff, I feel safe." Relatives told us they were confident people were safe in the care of staff.
- Safe and robust recruitment and selection processes were followed. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- The service had a reliable system for regularly re-checking employees' Disclosure and Barring Service (DBS) status. 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.
- There were enough staff to meet people's needs.

Using medicines safely:
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff received medicines training and knew what to do in the event of a medicines error.

Preventing and controlling infection:
- Staff had completed training in infection control.

Learning lessons when things go wrong:
- The service reviewed all incidents where restrictive intervention had been used, this included a debrief

with staff and further training. The service had significantly reduced the number restrictive interventions for people.

- Staff knew what to do if there was an accident or incident.

Good

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:
- Assessments of people's needs were comprehensive and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:
- Staff received extensive training in different ways, including face to face and online. One staff member described enjoying a particular course and said it "Had a big impact - it changed the ethos and the way we think about care."
- Staff were actively encouraged to pursue additional qualifications and supported by management to achieve these.

Supporting people to eat and drink enough to maintain a balanced diet:
- Staff supported people to cook and eat the food they wanted. One person said, "I like Ghanaian food, [carer] makes it for me and 'we cook together."
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Some people received nutrition via a tube directly into their stomach (PEG). Staff had received training in this area and were confident in using such equipment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
- We saw that staff accompanied people to medical appointments when people asked them to do so, to provide additional support and ensure information in care plans remained accurate and up to date.
- Staff told us technology and equipment was used effectively to meet people's care and support needs.
- The service worked closely with professionals including GPs, Speech and Language Therapists (SALT), occupational therapists and specialist nursing teams.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.
● Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment.
● There was evidence of mental capacity assessments, when needed, and their outcomes.
● Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
● Families told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Good

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 gave good feedback about the quality of the care they received. One family member said, "It's not all about [person's] disability, they [carers] give [person] confidence, [person] has a laugh with them, if I call, I hear [person] laughing."
● Staff enjoyed caring for the people they supported. Comments included, "It's amazing, it's a vocation" and "it's not work, it's just lovely."
● Staff spoke with fondness about the people they supported and we saw that staff were compassionate when interacting with people.

Supporting people to express their views and be involved in making decisions about their care:
● Some people using the service were unable to communicate verbally. By getting to know people well, staff could interpret body language and behaviour to understand their wishes and feelings.
●Staff identified and used other ways to enable people to communicate, including the use of technology.
● Staff were encouraged and empowered to be flexible and make their own decisions to support people. For example, one person expressed a wish to make an unscheduled day trip due to good weather and staff enabled this without the need for a lengthy planning process.

Respecting and promoting people's privacy, dignity and independence:
●One family member said, "Respect [person's] dignity? Of course, they give [person] freedom and space."
● People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
● People were encouraged to achieve their goals and ambitions. For example, one person had been supported to budget, save for, and plan their first holiday. During the trip, they had taken part in many activities and were empowered to take positive risks to enhance their holiday experience.

Good

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:
● We saw from care plans and talking with staff that people were encouraged to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
● People were supported to seek college and work placements if they chose to do so.
● We saw that plans were underway for a birthday celebration, and the person was being supported to make choices about decorations, food and clothing for their party. Another person told us, "[People] from Perthyn helped celebrate my birthday."

Improving care quality in response to complaints or concerns:
● The service was responsive to issues and open to change. For example, after reviewing incidents during which a person had displayed behaviour that challenged, the service identified both a potential trigger and solution. After taking appropriate professional advice, staff changed a particular aspect of the person's care plan, and this resolved the problem.
● There was an appropriate complaints management system in place. Complaints were handled in the correct way.
● Staff knew how to raise complaints should they need to. They told us they believed these would be listened to and acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service for people.
●People told us they knew who to make complaints to, and they would be happy to do so if necessary.

End of life care and support:
● No-one was receiving end of life care at the time of our inspection.
● Consideration had been given to people's wishes for their end of life care, and this was recorded in care plans.

Good

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: 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:
● Staff told us "[The service is] very person centred," and "We have some really, really good staff."
● A relative said, "Staff listen to [person] as well, they try and solve any problems and give [person] what they want."
● The service regularly carries out staff observations and gives feedback to identify training issues or adjustments that are required to people's support plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:
●The service did not have a registered manager in post when we inspected. The previous registered manager left in January 2019. A manager from one of Perthyn's sister services was in the process of registering with CQC and was available to people and staff when required.
● People and staff had not been adversely affected since the previous registered manager had left. One staff member said, "There's always someone around to replace [previous manager], we haven't been let down."
● Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to.
● The service submitted statutory notifications to us as required by law.
● The service was displaying their CQC rating on their website in line with regulatory requirements.
● We found the culture to be honest and transparent, and the importance of quality monitoring and improvement was recognised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:
● People were involved in the recruitment of new staff with interviews that were person specific. One person said, "I get to choose staff, I do interviews to decide if they will be good to work with me."
● The service organised a 'family forum'- which was an opportunity for relatives to meet all staff and also to speak to each other to build support networks.
● Staff meetings, individual supervision and staff engagement days provided staff with the support they needed.
● People and staff felt the management team were approachable and accessible