

Sanctuary Home Care Limited

# Kempsfield Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kempsfield Residential Home was providing accommodation and personal care for people with a learning disability at the time of the inspection. The home is located in a residential area with its own gardens.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 20 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people. The provider had recognised the limitations of the building and had well developed plans to build and move people to supported living accommodation in the grounds. All people had been fully consulted about the plans.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

People were provided with a person-centred service, which was responsive to their needs and wishes. People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. People received their medicines safely. The provider had arrangements in place for the maintenance and upkeep of the building.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt well supported by the management team.

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.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff spoke with people in a friendly manner and people's care plans reflected their likes and dislikes. Our observations during inspection, were of positive and warm interactions between staff and people. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported and encouraged to participate in a range of activities. People had access to a clear complaint's procedure.

The staff and management team carried out a number of audits to check the quality of the service. The registered manager provided leadership and took into account the views of people, their relatives and staff about the quality of care provided. The registered manager and staff used the feedback to make improvements to the service.

#### Rating at last inspection

The last rating for this service was good (published 1 February 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?

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.

# Kempsfield Residential Home

## **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

Kempsfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Before the inspection, the provider completed a Provider Information Return. 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 reviewed other information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We

also sought information from the local authority's contract monitoring team. We used our planning tool to collate and analyse the information before we inspected.

#### During the inspection

We spoke with six people who lived in the home, two members of staff, the deputy manager and the registered manager. We looked at the care records of four people who used the service and looked around the premises. We observed staff interaction with people, and activities that were taking place. We reviewed a range of records. This included two medication records, one staff file in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us details of the electrical safety tests and the associated documentation.

# 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff carried out risk assessments to promote people's safety, independence and social inclusion. The risk assessments included information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. Following the inspection, the registered manager confirmed a check had been made on the electrical installations and all necessary works had been completed.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as bad weather.
- The registered manager had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate forms to record any accidents and incidents. The registered manager had carried out investigations as necessary following any incidents and had discussed the learning with the staff team.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate policies and procedures. People told us they felt safe and were happy with the care and support they received. One person told us, "I love living here. The staff are all really kind" and another person commented, "The staff are so kind and gentle."
- The registered manager and staff understood safeguarding matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people in a person-centred and timely way. Staff confirmed they had time to spend with people using the service. We observed staff chatting with people on both days of the inspection.
- The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. We looked at one staff recruitment file and found appropriate checks were carried out prior to employment.

Using medicines safely

- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. Staff had completed appropriate training, which was refreshed at

regular intervals. There were written protocols to guide staff on the administration of medicines prescribed 'as and when required'.

- Staff completed the medicines records accurately and regular checks were made of the balance of stocks.

#### Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and to protect people against the risk of infection. Staff had received training in this area and were provided with appropriate protective clothing, such as disposable gloves and aprons. The registered manager conducted infection control audits and checked the service was clean and tidy. We saw all areas of the home had a satisfactory standard of cleanliness.



# 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.

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 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.

- We found staff had received training and had an understanding of the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- The management and staff team considered people's capacity to make decisions as part of the assessment and support planning process. Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- At the time of the inspection, the registered manager had submitted one application for a DoLS authorisation to the local authority for consideration. Seven people had an authorised DoLS. There were no conditions attached to the authorisations.

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

- The provider ensured people received a well-balanced diet, which met their needs and dietary preferences. People told us they were satisfied with the food. One person said, "The meals are lovely and very nicely presented. You have choice of what you want to eat every day."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- We observed tea time on the first day of the inspection and noted it was a pleasant sociable occasion. People were supported with their meals, as appropriate.

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

- The provider had recognised the limitations of the design of the home and had plans to build new accommodation in the garden to improve people's welfare. The registered manager explained people would be cared for in a supported living environment. All people were aware of the provider's plans and had been fully consulted.
- Since the last inspection, communal areas had been fitted with new carpets and curtains and the walls had been repainted. People had their own rooms and were able to personalise these as they wished. This approach promoted a sense of comfort and familiarity.

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

- The management team carried out an assessment of people's needs, before they received a service. This ensured the staff team had the resources and training to meet individual needs before people moved into Kempsfield Residential Home. The assessment was used to form a written plan of care which was updated as the staff learnt more about the person.
- Wherever possible, people were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented within their support plan. This helped staff to recognise any signs of deteriorating health.
- However, we noted there were no specific oral healthcare plans. The registered manager assured us oral care plans would be completed for people, to reduce risks associated with poor mouth care.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. They shared appropriate information when people moved between services. In this way, people's needs were known, and care was provided consistently.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives felt staff were competent and well trained. One person said, "All the staff are very good. They are friendly and helpful."
- New staff were supported through a detailed induction programme and mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision with their line manager. This facilitated discussions around work performance, training needs and areas of good practice. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

# 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

- Staff promoted people's rights and delivered person-centred care. All people expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff are fabulous. They are really nice to everyone" and another person said, "All the staff are so sweet. They make everyone feel happy and welcome."
- The registered manager promoted and encouraged inclusion. The management team and staff focussed on building and maintaining open and honest relationships with people and their families. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. Staff responded to people in a warm, kind, caring and friendly manner. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities. Staff told us they were proud of the work they did and believed people received personalised care and support.
- People's equality, diversity and human rights were respected and recorded as part of the care planning process. We observed good relationships between staff and people in the home. People were happy, comfortable and relaxed in the company of the staff.

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

- Staff involved people in decisions and consulted them in individual and meaningful ways. People were asked about their care needs and personal preferences. One person told us, "I discuss everything in my meetings with my keyworker. We get on really well and I can speak to her about anything."
- People were encouraged to make choices about their day to day routines, in line with their personal preferences and encouraged to express their views. People said they were listened to and staff responded to any requests promptly.
- People had regular opportunities to express their views at their care plan reviews, residents' and keyworker meetings.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to develop their independence and self-esteem to enable them make choices and express their preferences. Staff offered people opportunities to increase their independence and to have freedom and control over their lives. The registered manager explained significant emphasis had been

placed on promoting people's independence skills in preparation for their move to a supported living setting. We observed people carrying out tasks over tea time on the first day of the inspection.

- Staff respected people's privacy, dignity and independence. Staff called people by their preferred name and spoke to people with respect. One person said, "The staff are very respectful and always make sure I'm okay."
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

# 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 received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "The staff are always there for me, whenever I need any help."
- The management team and staff developed person-centred care plans, which provided the staff with clear guidance about people's needs and how best to meet their needs. This helped to support the effective delivery of care. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- The care plans were detailed and showed people's preferences and interests had been taken into consideration. The staff had reviewed the plans at regular intervals and any changes in needs had been recorded.
- Staff wrote daily records, which documented the care people had received, in a detailed and respectful way. They had completed care records when there was an identified risk.
- Staff understood people's behaviour needs. They had developed care plans which included guidance on how to provide people with the support they needed with any behaviours that challenged others and the service. We observed staff successfully used positive distraction techniques throughout the inspection to help a person manage their behaviour.
- The provider used technology to enhance the delivery of effective care and support. This included the use of computer equipment to help with the operation of the service and staff training and development. Sensor equipment was available for any person deemed at risk of falls.

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

- Staff supported people to follow their interests, and to take part in activities they enjoyed. People participated in a range of activities both within the home and the wider community. Activities inside the home included, arts and crafts, bingo, quizzes and baking. People also enjoyed visiting restaurants, shops and places of interest in the local area. One person also attended nearby football matches.
- The registered manager explained two members of staff had visited another service and had brought back ideas to develop activities. We saw the provision of activities was discussed at residents' meetings.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager informed us that when required they would work closely with people, their relatives and other professionals. This ensured people received the care and support they needed at the end of their life. The registered manager

agreed to explore, and record people's end of life wishes as appropriate.

#### Improving care quality in response to complaints or concerns

- People were confident any complaints they made would be listened to and acted upon in an open and transparent way. People were aware how to make a complaint and had access to a complaints' procedure. None of the people spoken with had any concerns about the service.
- The provider's complaints policy detailed how people could raise a concern if they were dissatisfied with the service they received and the process for dealing with it. The registered manager confirmed there had been no complaints raised about the service.

#### 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's information and communication needs, and preferences had been identified and met. We saw staff members openly engaging with people during the inspection, which enabled meaningful conversation and helped to avoid isolation.
- The provider was aware of their responsibility to meet the AIS. They provided people with information regarding the service in different formats where necessary, to meet people's diverse needs.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale was good and they felt valued and supported.
- The registered manager had established systems to monitor the quality of the service. Audits were undertaken by the management team and action plans were drawn up to address any shortfalls. The registered manager reviewed the plans to ensure appropriate action had been taken and the necessary improvements had been made.
- People and staff spoke positively about the way the service was managed and the registered manager's open and approachable leadership style. One person told us, "[The registered manager] is very good and very helpful and caring."
- A senior manager visited the service on a regular basis and had remote access to the computer databases. This meant they could readily identify any patterns or trends, to improve the service.
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.

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 registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff, people and their family members.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. Incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.

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

- The registered manager and staff promoted the provision of person-centred care to achieve the best outcomes for people. We observed a positive and welcoming culture within the home. Staff confirmed

everyone was well supported and they all told us how much they enjoyed their work.

- The registered manager knew people well and was knowledgeable about their needs and preferences. They often worked alongside staff providing people with care and support. This meant they had a good understanding of the complexity of people's needs and the pressures placed on staff in challenging situations.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy to protect people from unsafe or inappropriate care.

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

- Staff involved and engaged people in the service and gave consideration to their equality characteristics. The registered manager encouraged people to voice their opinions through different forums to ensure their voice was heard. This allowed the provider to monitor, reflect and develop the service based on people's experiences. People, and their relatives told us they felt involved in the service and in decisions about their care.
- The registered manager invited people to complete an annual customer satisfaction questionnaire. The last survey was conducted in June 2019. We looked at the collated results and noted people indicated they were satisfied with the service.
- The management team and staff worked in partnership with external agencies to learn and share knowledge that promoted continued service development.