

Kingfield Supported Living Ltd

Kingfield Supported Living

Inspection report

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Tel: 01142587557

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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

Kingfield Supported Living is registered to provide personal care to people living in their own homes. People receiving support have tenancies at Kirkfield Mews in the Lowedges area of Sheffield. Kirkfield Mews is a purpose built apartment block consisting of four, two bedroom apartments, a staff office and a room for staff to sleep overnight, should this support be required. The accommodation is based over two floors; apartments on the first floor can be accessed by a lift. Staff were available for 24 hours each day. At the time of this inspection, six people were receiving support. The registered provider's office was based in the S11 area of Sheffield.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Kingfield Supported Living began operating in October 2016. This is the services first inspection. The inspection took place on 3 July 2017 and we gave the registered provider 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

People spoke very positively about the support provided to them. They told us they liked living at Kirkfield Mews, they felt safe and their support workers were respectful and kind.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training so they had the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People were supported to access to a range of health care professionals to help maintain their health.

People were encouraged and supported to maintain a healthy diet which took into account their needs and preferences, so their health was promoted and choices could be respected.

Staff knew people well and positive, caring interactions were observed between people receiving support

and their support workers. People were encouraged to express their views and they were involved in decisions about their support. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People were supported to access a range of leisure opportunities within the local and wider community, in line with their preferences, to promote independence and choice.

People said they could speak with their support workers or the registered manager if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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 aware of their responsibilities in keeping people safe.

People told us they felt safe.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines.

The staff recruitment procedures in place promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training and supervision for development and support. The registered manager had a procedure for staff appraisal which would be implemented when staff had worked at the service for one year.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff supported people to eat a balanced diet and access relevant healthcare professionals to maintain their health.

Is the service caring?

Good ●

The service was caring.

Support staff were observed to be caring and kind in their interactions with people receiving support.

People were supported to contribute to their support plan.

Staff respected people's privacy and dignity and knew people's

preferences well.

Is the service responsive?

Good ●

The service was responsive.

People's support plans contained a range of information which detailed what was important to the person receiving support.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was well liked and respected by people.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Kingfield Supported Living

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 was planned to check 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.

This inspection took place at Kirkfield Mews on 3 July 2017 and was announced. The inspection team consisted of two adult social care inspectors. At the time of this inspection the service was supporting six people, who wished to retain their independence and live in their own home at Kirkfield Mews. The registered manager had a temporary office based at Kirkfield Mews so that they were readily available to tenants and staff whilst two new tenants settled in.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority to obtain their views of Kingfield Supported Living. The feedback received was reviewed and used to assist and inform our inspection.

During the visit we spoke with four people who were receiving support to obtain their views about the service they received.

We spoke with five staff including the registered manager, the team leader and three support workers. We also looked at three support plans, three staff files and records associated with the running and monitoring of the service.

Is the service safe?

Our findings

People receiving support told us they felt safe in their homes with their support staff. Comments included, "Yes it's really safe here, I don't feel sad here. Nothing happens to make me feel sad" and "There are always support staff around so that helps you feel safe. I feel very safe here."

All of the staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified the majority of staff had been provided with relevant safeguarding training. We spoke with the registered manager about all staff completing safeguarding training. They were aware that a minority of staff still needed to undertake the training. They confirmed they had spoken to them and had spoken to them to remind them to complete the online e-learning to improve their knowledge. During this inspection the manager arranged for the identified staff to complete their training during the week of this inspection. We heard the registered manager making these arrangements. This will ensure that full and safe systems are in place to promote people's safety and wellbeing.

The service had a policy and procedure in place to support people who used the service with their personal finances. Staff handled small amounts of money for some people, for example when going out shopping with them. We found that clear records of each transaction had been completed and the three records checked showed that relevant receipts had been retained. We saw that each transaction had been signed by two support workers and the team leader had undertaken regular checks of the records to make sure safe procedures had been adhered to. These procedures helped to ensure people were protected from financial abuse.

All of the staff asked said they would be happy for a relative or friend to be supported by Kingfield Supported Living and felt they would be safe. Comments included, "I would definitely recommend this service" and "I have already told someone I know about here. I know they would be looked after."

We asked people about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "They [support staff] bring me my tablets regularly, at the same times give or take five minutes and you can't complain at that," "Yes [name of support worker] helps me with my tablets" and "They [support staff] pop my tablets out of the cassette (container holding tablets) because

I can't manage that, but I then take them (tablets) myself. They give the right amount of support I need."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We checked three people's Medication Administration Records (MAR) and found they had been fully completed to show when medicines had been administered. However, one person was prescribed PRN (as and when required) medicine. Their current MAR showed that staff had not always recorded when the medicine had not been required and had not recorded an appropriate code to evidence this. The registered manager gave assurances that staff would be reminded to complete this, so full and safe procedures had been adhered to. We found a PRN protocol was in place, but this would benefit from further detail so staff were fully aware of the person's support needs. The registered manager gave assurances that this would be undertaken.

We found the medicines kept corresponded with the details on MAR charts. Medicines were stored securely, in line with the agreement of the person receiving support. At the time of this inspection no people were supported with Controlled Drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse). The manager was aware of the procedures to follow should a person require support with CD's.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. One support staff commented, "I've not done my 'meds' training yet so I'm not allowed to administer them. I've got to do my training and be watched giving meds before I can do it on my own." We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We looked at staffing levels to check enough staff were provided to meet people's needs. We checked the rota/ allocation sheet for the month of this inspection and found that staff were always available to support people and people were provided with individual support in line with their agreed and identified needs. The rota showed, and staff confirmed, that a member of staff was always awake and available during the night at Kirkfield Mews. During the inspection visit we saw staff were present in each person's apartment we visited and we observed staff responding to people's needs as required. We also saw staff going out with the person they were supporting to enjoy some individual time together. This showed that sufficient levels of staff were provided to meet people's identified support needs.

People receiving support told us they thought there were was enough staff to meet their needs. Comments included, "There is always a support worker here" and "I always get my one to one time with my support worker."

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available.

We looked at the procedures for recruiting staff. We checked three staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. The staff spoken with

confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in place helped to keep people safe. Whilst all of the files checked detailed a full employment history, one file only detailed the years of previous employment and did not state the full date. This meant there was the potential for gaps in employment not being identified and checked. We discussed this with the registered manager who gave assurances that they would obtain full dates from the staff member.

We looked at three people's support plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments were relevant to the individual and promoted their safety and independence.

We found staff had completed fire training so that they had the skills and knowledge to support people in an emergency. We found personal emergency evacuation plans for each person were kept together in a file for use in an emergency to support safe evacuation from their apartment block.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures.

Is the service effective?

Our findings

People we spoke with told us they thought the support staff were well trained and performed their jobs well. Comments included, "They [staff] are brilliant. They all seem really good" and "I like them all [support workers]. I like [name of support worker] best of all."

We checked the staff training matrix which showed staff were provided with relevant training. Staff spoken with said they undertook induction training to make sure they had the right skills for their role. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed a minority of staff required training in some specific subjects to provide them with relevant skills. The registered manager was aware of this and had made arrangements for all staff to complete the training during the week of the inspection. The matrix also showed training in specific subjects were also undertaken, for example, training on challenging behaviour, epilepsy and dignity and respect. This meant staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "good." One staff told us, "You get loads of training here. It's great."

We found new staff were completing the Care Certificate and NVQ 2 as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The records showed support staff had been provided with regular supervision for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. The registered manager confirmed that as soon as staff had worked at the service for one year they would undertake an annual appraisal in line with the services appraisal policy. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

We asked people about support with healthcare. People told us that staff supported them to access healthcare professionals and they visited their GP and had hospital appointments when necessary and with staff support.

We found a survey had been sent to relatives four weeks prior to this inspection. Three surveys had been returned, which we saw. In the surveys, when asked if they were satisfied with their relatives healthcare, two respondents said, 'very satisfied' and one respondent said 'satisfied.'

The support plans checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, Speech and language therapist (SALT) and

dentists. The support plans held clear details of individual's specific health conditions and the support needed with these.

We found people were supported to enjoy a balanced diet in line with their preferences. One person told us, "I do a menu and then I go shopping with [name of support worker]. I choose what I want to eat and they [staff] help me." Staff spoken with were aware of people's dietary needs and preferences so these could be respected.

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.

For people being supported in the community who need help with making decisions, an application should be made to the Court of Protection. Currently the registered manager was liaising with the local authority to ensure people's rights were maintained and protected, and their liberty was not being restricted illegally. Relevant applications had been made.

Staff we spoke with understood the principles of the MCA. This showed staff had relevant knowledge of procedures to follow in line with legislation.

People told us they felt consulted and staff always asked for consent. One person commented, "They [support staff] always talk to me, not at me. They always ask if I am okay with things." We observed the interactions between support staff and the people they were supporting. We heard staff checking things with people and promoting independence by encouraging people to voice their opinion. One person's support plan held very detailed information about how the person communicated consent or refusal of consent, non-verbally. This showed that important information was provided to staff and people were consulted.

We looked at three people's support plans and found support was provided to people with their consent. The support plans seen held people's signatures, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

People who were supported by the service spoke highly of the support they received. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Comments included, "It's brilliant here. All the support workers are respectful towards me" and "They [support staff] are kind."

People told us that staff supported them to be independent. Comments included, "I go out and about as I choose. Today I met a relative in town. The staff just help me when I need it. They don't restrict me" and "I like to go shopping. I am going to a café today. [Name of support worker] is coming with me."

In the relatives surveys, when asked if they were happy with the standard of care provided and if they felt involved in care and support reviews, all three respondents said they were 'very satisfied.'

Staff told us they enjoyed working at the service and said the staff worked well together as a team. One support worker told us, "It's not conveyor belt care. It's about helping individuals."

During our inspection we spent time observing interactions between staff and the people they were supporting. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw, in all cases, people were cared for by staff that were kind, patient and respectful. We saw examples of people being treated respectfully. These included; staff acknowledging people when they saw them, always addressing people by their names, staff knocking on doors and asking permission to enter people's apartment and asking people if we could visit their apartment. We saw staff respond patiently to a person who was becoming upset so that they were reassured. We also saw staff seeking people's opinions and views. People were relaxed in the company of their support staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information. The three staff files checked contained a signed confidentiality agreement to show that staff had been provided with important information about the expectations of their role.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected. One person told us, "They

[staff] make sure my dignity is kept. They always close my door when helping me with personal stuff."

The support plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to be supported by the service and felt they would be safe and well cared for.

Is the service responsive?

Our findings

People receiving support said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their support to be provided.

One person receiving support shared some information about their past and the journey they had made to find their home at Kirkfield Mews. They told us, "I don't know where I would have ended up, where I would have been without this place. It has turned my life around. I was really scared and now I am really happy. I am looking forward to things for the first time since I can remember. My life is on the up."

Other comments included; "Yes I do think the staff meet my needs. They know what support I need and what I can do for myself. I am very happy with that" and "[Name of support worker] is good. They are nice."

In the relatives surveys, when asked if they felt the service was meeting the individual needs and preferences of their family member, two respondents said, 'very satisfied' and one respondent said 'satisfied.'

We found that people's independence was promoted and people were supported to access a range of leisure opportunities within the local and wider community in line with their preferences and choices. Records seen showed that people were provided with one to one (individual time with a named support worker) time to enjoy leisure opportunities. On the day of our inspection one person was supported to go shopping, another person went out to meet with a relative and a third person was supported to visit a local café. These examples show that people were supported to enjoy their own interests and staff supported people's choices.

One person told us about a lifelong interest that was very important to them. They told us how support staff had helped them access and participate in this interest. The registered manager had liaised with relevant people to make sure the person had opportunities to enjoy their interest safely.

Throughout our inspection we saw that staff were responsive to people. For example, one person asked a support worker to help them to speak with us. This was done respectfully and patiently. The support worker made sure the person had a voice and shared their views. We saw one staff observe a person needed distracting to avoid becoming more upset and staff diverted the person's attention and reassured them.

Before agreeing to support a person the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial support plan. We looked at three people's support plans. They were well set out and easy to read. They contained comprehensive details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. This showed the support plans were specific and individual to the person being supported.

People receiving support told us they had been involved in writing their support plan. One person told us,

"[Name of registered manager] sat down with me to go through it all. I definitely felt involved (in writing the support plan)."

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual support, health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them well.

People told us they could talk to staff if they had any concerns or complaints. One person told us, "If I am sad I would talk to [name of registered manager], but I am not sad." Another person told us, "I've no complaints and I can't think of anything I am worried about. I can talk to any of them [staff] and [name of registered manager] is here a lot so I could tell them. Don't worry I would speak out if I needed to."

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide which had been provided to each person receiving support from Kingfield Supported Living. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We found the complaints procedure was also provided in an 'easy read' version containing pictures and symbols to support people's understanding. This showed people had access to this important information to promote their rights and choices. The registered manager informed us that no complaints had been received since the service began operating. They gave assurances that any complaint received would be recorded, along with the actions taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager was registered with CQC. At the time of this inspection Kingfield Supported Living service was providing support to people who had tenancies at Kirkfield Mews. The registered manager was based at Kirkfield Mews so that they were available to all staff and people receiving support. It was the manager's intention to move to the office at Kingfield Supported Living registered base in a different area of Sheffield once new tenants and staff had 'settled in.'

Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people receiving support and staff freely approached the registered manager to speak with them.

People receiving support and staff spoke very positively about the registered manager. Without exception, they told us the registered manager was approachable and supportive.

People receiving support told us, "They [registered manager] are great. I don't know what I would have done without them. I'm really happy thanks to them" and "She is lovely, very good."

Staff spoken with commented; "The manager is fantastic. She supports you with personal things as well as work" and "She [registered manager] is a very genuine person. She is approachable and responds straight away to things."

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. Their comments included, "I love my job" and "I've no regrets about coming to work here. I think it's great."

We saw an inclusive culture at the service. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to be supported by the service. Comments included, "The manager shares information and listens to you. It's a good place to work" and "I have recommended this place."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering aspects of the running of the service. Records showed the registered manager and team leader undertook regular audits to make sure full procedures were followed. Those seen included infection control, finance and medication audits. As part of the quality assurance checks, we found regular spot checks to people's apartments took place to check people were being provided with relevant and appropriate support. All the staff files we looked at had records of 'on site spot checks' of staff's practice.

We found questionnaires had been sent to relatives of people receiving support to formally obtain and act on their views. We found three completed surveys had been returned and the results of these had been audited. The registered manager told us she had plans to send surveys to people receiving support and care professionals once the service had been operating longer, within the next few months. They told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

Records seen showed staff meetings took place to share information. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We saw policies and procedures were in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.