

Condover College Limited

Kynaston Farm

Inspection report

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Date of inspection visit:
26 June 2019

Date of publication:
14 August 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Kynaston Farm is a residential care home providing personal care for up to six people living with learning disabilities and/or autistic spectrum. Some people also had physical disabilities and sensory impairments. Six people were living at the service at the time of the inspection.

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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Fire safety was not always managed well, which could put people at risk in the event of a fire. We made a recommendation about this.

People's safety was supported through the use of positive risk management and risk assessments. They were involved in selecting staff they felt safe and comfortable with supporting them. Relatives had confidence their family members were safe and the service was appropriately staffed.

The service consistently 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received effective care from a consistent, skilled staff team, who understood their goals. The service worked with healthcare services to promote people's health and access the relevant professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were central in making decisions about their care.

People thrived living in a warm, welcoming service where they felt a sense of belonging and their emotional needs were supported.

Staff actively looked for opportunities to improve people's wellbeing and promote their independence. They were able to try new activities and set goals to work towards, such as losing weight or improving their communication. Changes to their care needs were responded to appropriately.

The provider was committed to providing high quality, personalised care. This aim was understood by staff and reflected in the care people received and the management of the service. People, relatives and staff were involved in the running of the service and encouraged to give their feedback.

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

Rating at last inspection

The last rating for this service was good (published 18 October 2016).

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Kynaston Farm

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

Two inspectors visited the service.

Service and service type

Kynaston Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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

We gave a short period notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service, including notifications for events the provider is required to tell us about. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people living at the service. We spoke with seven members of staff including the chief executive, the quality assurance coordinator, the registered manager, the deputy manager and two support workers.

We reviewed a range of records. This included two people's care records and three medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including quality assurance checks, health and safety records and meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals who regularly visit the service and a fire safety officer. We also spoke with three relatives of people living at the service.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Records, policies and staffing levels did not always show fire safety was managed appropriately.
- Advice following a visit from the fire service to update the fire risk assessment for the service had not been acted on in a timely way.

We recommend that the provider reviews their fire safety records and procedures and takes action to update their practice accordingly.

- Positive risk taking was embraced. People were encouraged to try new activities, such as hydrotherapy.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of control measures for staff to follow to keep people safe.
- The equipment and environment had been checked for health and safety. The registered manager agreed to develop additional checks to improve these further.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected against the risk of abuse. They had received appropriate training in this area.
- Relatives were satisfied that family members were safe. One relative said, "I'm happy and have a lot of confidence in Kynaston, this says a lot about them."

Staffing and recruitment

- Safe recruitment processes were followed.
- People were involved in the selection of new staff. One person told us, "I have a discussion with the provider and registered manager about how the interview went and how I felt with them [the candidate]."
- Staffing levels were arranged and reviewed by the registered manager based on people's needs, activities and appointments. A relative told us, "We are happy with how it's staffed, there are enough staff."

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when no-longer required.
- Information on topical medicines, such as creams was recorded in-line with best practice guidance to support the safe use of these medicines for people.

- Weekly and monthly medicine checks helped ensure medicines were stored and used appropriately.

Preventing and controlling infection

- The environment was clean and free from malodours to prevent the risk of people acquiring infections.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.

Learning lessons when things go wrong

- When incidents occurred lessons were learnt to prevent the reoccurring.
- The provider monitored accidents and incidents across their services to identify any trends or patterns and review the effectiveness of new training and initiatives developed.

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.

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

- People's needs were assessed holistically prior to their admission to the service to consider if the service could meet these.
- Key workers worked with people to identify goals and work closely with to identify any changes needed with their care. This information was recorded in their care plans and showed people responded positively to it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest records were not recorded to show how people's ability to make decisions had been considered and any decisions had been made in their best interests. The registered manager and provider agreed to review this documentation.
- DoLS were applied for and new requests made appropriately.

Staff support: induction, training, skills and experience

- An induction and training programme was used to help staff develop the knowledge and skills required for their role. This was regularly reviewed by the provider to ensure it equipped staff for supporting people.
- A thorough system of competency checks and observations was used to assess and improve staff practice and ensure they had the skills needed to care for people.
- Staff received regular supervisions and annual appraisals to monitor their performance. Staff were encouraged to reflect on their work and identify areas for improvement.

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

- People were actively involved in planning their weekly menus and preparing their meals. A relative said, "The new registered manager has introduced fresh food. When they have treats like cakes, they make them."
- People had the opportunity to share and sample foods from their cultural heritage and others. One person described the positive experience they had preparing a family recipe to share with others living in the service.
- When people had lost weight, it was not always clear how this was monitored or if any other action was needed. Relatives were happy with how family members had maintained or gained weight. The registered manager agreed to review these records.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared effectively amongst a consistent staff team ensuring they were informed of any changes in people's needs or additional monitoring needed. A relative said, "They all understand [person's] needs because [person] is so settled there."

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

- People's health needs were monitored closely. Staff were quick to identify any changes in these and seek advice. A relative said, "They are quick when there is a problem to get a doctor or get [person] down to hospital." They had noticed a significant improvement in their relative's health and told us, "[Person] is better than they have been in 10 years."
- Effective relationships with a range of healthcare professionals supported people to lead healthier lives. Advice was sought appropriately and followed. One healthcare professional had written, 'All the people who have physio practice this regularly, which hugely supports our work.'

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

- The environment was accessible and suitable for the needs of people living at the service, enabling them to freely move around the building.
- Spaces within the home had been designed with people's needs in mind. This included a sensory room, communal areas and a quiet lounge.
- People chose how they wanted their bedrooms decorated. Where they were not able to do this, there were discussions with their relatives about their colour preferences.

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

- There was a very caring, kind atmosphere within the service. People and staff supported one another's wellbeing. A relative told us, "Staff have an affection for the people they support." A healthcare professional wrote, 'Staff- resident interactions were all carried out with high levels of enthusiasm and the same level of warmth and compassion I had been shown during my welcome.'
- Staff recognised events or times of year that may impact on people's mood and provided emotional and practical support to promote their wellbeing.
- People were respected as individuals with their own values and interests. A relative said, "There is a happy atmosphere in the house now, there is a sense of belonging."
- Equality and diversity was respected. Staff understood significant events and celebrations in people's cultures and helped people celebrate these.

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

- People were encouraged to be the lead decision-makers in their lives, expressing their likes and dislikes. A relative said, "The registered manager is genuinely committed to people having a day to day say, they have empowered people."

Respecting and promoting people's privacy, dignity and independence

- Opportunities to promote and develop people's independence were consistently identified. This helped people to live meaningful lives and improve their wellbeing.
- People were encouraged to complete household tasks, promoting their independence and taking responsibility for their home.
- Privacy and confidentiality was respected. Staff understood what mattered for each person's dignity. One person had been supported to buy new clothes and go to the barber. They person took pride in their appearance and this boosted their self-esteem.

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

- Staff were very aware of people's care and support needs, responding to any changes in their presentation and preventing them becoming distressed. A healthcare professional wrote, 'Each person was treated like an individual as would be expected and it was clear that each member of staff knew the people very well.'
- People set aims and objectives they wished to work towards. For example, losing weight. Staff worked with the person to help them make healthier choices. The person excitedly described having bought new clothes following their weight loss. This had improved their self-confidence.
- Staff held high expectations of people and identified opportunities for them to reach and exceed their potential. A relative told us, "[Person's] spoken language has improved, they use longer sentences and we can see them thinking about how to construct sentences, it's a tremendous achievement."
- People's care and support needs were reviewed jointly with staff, family and other relevant professionals.

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 communication needs were fully understood and supported.
- Staff recognised understanding people's communication was vital to understanding and support their needs. The provider told us, "As an organisation we say if we can't communicate with someone it's our problem, not theirs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People had the opportunity to try new activities and develop their interests. For example, growing fruit and vegetables in an allotment. The registered manager said, "People see growing things as an achievement; they have produced it themselves."
- People were supported to form new relationships, extending their social networks and improving their wellbeing.
- Relationships between people and their relatives were supported through the use of diaries and technology, sharing information and photos of activities people had done. A relative said, "We get phone calls and texts to say they are going swimming or to the park, we feel included."

Improving care quality in response to complaints or concerns

- People were confident in asking for staff help if needed. They were reminded about how they could ask for help and raise concerns at their house meetings.
- When relatives had raised concerns, they were taken seriously and acted on immediately.

End of life care and support

- Consideration had been given to people's end of life wishes and beliefs for end of life care. The registered manager and provider were looking to develop this.

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.

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

- Staff understood the provider's values and applied these when delivering care. The deputy manager told us, "The values here are about people's dreams and aspirations and us supporting them to live the most fulfilling lives in any way we can."
- The provider's values were reflected in the care provided by staff. A healthcare professional said, "It is clear to me that both the registered manager and provider work hard to actively promote a person-centred service at Kynaston Farm and wider across the provider"
- The provider had an open, inclusive culture where feedback was welcomed by people and staff.

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

- When incidents occurred they were thoroughly investigated by the provider. Learning from these was shared with the registered manager, staff and relatives and used to make improvements.

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

- The role of the registered manager was understood by people, relatives and staff. All felt able to approach the registered manager should they have any concerns with the service.
- Staff shared the same goal of wanting people to lead fulfilling happy lives. A support worker said, "We're making these people smile and doing our best for their welfare and giving them a good life, making them as independent as possible."
- Staff worked effectively as a team and valued one another's contribution. The registered manager told us, "We work as a team, we reach solutions together."

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

- Questionnaires were used to seek relative's views of the service and considered proposed changes. A relative told us, "We are asked how things are and what we want; we are listened to, which is important."
- House meetings engaged people in the running of the service. One person said, "We have house meetings to discuss activities. We wanted to go away as a house and now we're going on holiday."
- Staff meetings and memos were used to remind staff of best practice and encourage their feedback.

Continuous learning and improving care

- The registered manager and deputy manager were committed and focused on continuous improvement. A relative said, "The registered manager has high standards and has made amazing changes."
- Quality assurance processes were used effectively to identify areas for improvement in the service and take action to address these.
- Learning was shared across the provider, reflecting on incidents. This was used to inform changes.

Working in partnership with others

- Strong partnerships had been established with healthcare professionals.
- People accessed the local area and community facilities such as a swimming pool, gym and local pub.