Roughcote Hall Farm Ltd

Kenwood House

Inspection report

14 Stoke Road
Stoke-on-trent
ST4 2DP

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23 April 2019
29 April 2019

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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: Kenwood House supports people living with a learning disability and/or autism. The service can accommodate up to six people in one large domestic dwelling and on the date of this inspection there were two people living at the service.

People's experience of using this service: 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. People's support was centred around their choices, goals and independence. Staff worked in partnership with people to support them to be active members of the local community and live as independently as possible.

People and their relatives were positive about the support provided by staff. Staff knew people well and were caring. Staff encouraged people to make choices about their day which reflected their individuality.

The service worked in partnership with people, relatives, staff and other healthcare professionals to create individual care plans that helped to promote people's independence. People had regular reviews of their needs and all aspects of their care was consented to.

People's privacy and dignity was respected by staff at all times. People were supported to attend and engage in activities in the local community which were of interest or benefit to them.

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.

Medicines were managed safely and support was provided in line with best practice. Care records were detailed and reflected the current needs of the person. The premises were safe and adapted appropriately to support people.

Staff were safely recruited and received regular training. New staff were provided with a thorough induction which provided them with the relevant knowledge and skills needed to support people.

The registered manager and provider monitored the effectiveness of the service through robust quality and assurance systems. These systems allowed the service to address issues, provide action plans and improve the quality of care provided to people.

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

Rating at last inspection: This was the first inspection of the service since it was registered in May 2018.

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: We will continue to monitor the service through information we receive from the service, the public and partnership agencies. We will re-visit the service in-line with our 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.

Kenwood House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector, one specialist advisor nurse and one expert by experience who had experience in supporting people with learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Kenwood House 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 supports a maximum of six people with learning disabilities/and or autism in one large house.

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: The inspection was unannounced.

What we did: Prior to the inspection, the registered manager completed a Provider Information Return. This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We

also contacted HealthWatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We carried out telephone interviews with two members of staff after visiting the service.

We spoke with two people who used service, one relative and three members of staff including the registered manager. We reviewed the care records for one person, medicine records for two people and the recruitment records for two members of staff.

We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
- There were policies in place to help reduce the risk of abuse to people. These were available in easy read format for all people and visitors to access.
- Staff had received training around identifying abuse and were able to tell us what action they would take if they saw anything concerning. One staff member said, "I would report it and record it."
- There had been no safeguarding concerns at the service but the registered manager told us what action they would take. This included alerting the local authority, informing the CQC and completing a full investigation of the incident.

Assessing risk, safety monitoring and management; Preventing and controlling infection
- People had personalised risk assessments in place for staff to follow to keep people safe. One person told us, "I feel safe." A relative commented, "(Person) is happy here. We have no concerns; staff are very dedicated for their welfare."
- The premises were safe for people living at the service and there was regular testing of equipment and utilities. Risk assessments relating to the environment, for example using the laundry room, were in place.
- There was an infection control policy in place at the service and we saw staff followed this. Staff confirmed that they wore personal protective equipment, for example gloves, whilst supporting people with personal care.

Staffing and recruitment
- Staff recruitment was safe and there were enough staff to support people in line with their assessed needs. Staffing levels were regularly assessed and altered when people's needs changed.
- The registered manager explained how they would assess any new people moving into the service and how this would affect staffing levels.

Using medicines safely
- Medicines were managed safely and people were supported by staff to take their medicines. People's medicine records were accurate and clearly described the support people required. One person commented, "No worries about medicines."
- Relatives were positive about the support provided by staff to people with their medicines. One relative said, "No problems with medication, (person) is happy to take their medication."
- Staff had received training around medicine administration and had their competencies checked regularly. There were regular audits of medicines completed by the registered manager.

Learning lessons when things go wrong

● The registered manager reviewed all accidents and incidents regularly. Any trends identified were used to improve the quality of the care provided to people.
● Investigations were clearly documented. Lessons learned and outcomes were shared with people, relatives, staff and other partnership agencies.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.
- Staff had received training in MCA and DoLS. Staff asked people for consent before providing support and asked for people's choices for their care. One person said, "Staff talk to me about what I want to do."
- People had their needs assessed and regularly reviewed. People were asked how and what support they would like. One person told us, "I choose what I want, go shopping with staff and buy from shop."
- People received support in line with best practice standards and guidance, for example staff had access to the British Institute of Learning Disabilities guidance and fact sheets.

Staff support: induction, training, skills and experience

- Staff received an in-depth induction when joining the service, which included additional training around supporting people with learning disabilities, for example in MAKATON to help people communicate. One staff member told us, "Very good induction, it prepared for my job."
- Staff training was regularly refreshed and the registered manager shared updated best practice guidance with staff.
- Staff received regular supervisions from the registered manager and they told us that they could have additional support meetings if they needed them.

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

● People were supported to have a healthy diet and encouraged to make their own meals. We saw one person being supported making their lunch.
● Staff worked with relatives and other health care professionals to access support for people with their diet. One relative told us, "We are working with the staff to ensure a healthy diet, skimmed milk and yogurts etc. (Person) helps to prepare food."
● People's care records detailed referrals to health services, for example the dietician, to ensure people had the correct support to maintain their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The staff worked in partnership with other health care professionals, for example the GP or behavioural team, to make sure people had a constant level of support that met their needs. One person commented, "Staff would ring up and take me to the GP."
● Care records showed involvement from other agencies and care plans were updated to show the latest advice and guidance provided.
● If people's needs changed or staff were concerned referrals were made to the appropriate health care team, for example the GP.

Adapting service, design, decoration to meet people's needs
● The service was adapted to meet people's needs and there was clear signage around the home to help people find their way around.
● People made choices about how they wanted their bedrooms and the service decorated. One person told us about the quiet room which they used to help with their anxiety. They told us, "The quiet room is my favourite, I helped pick the flowers and butterfly designs."
● The service was very spacious and people had access to a garden and paved area at the rear. People were enjoying the outdoor spaces during our inspection and playing games with staff.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People and staff had positive relationships and it was clear that staff knew people well. One staff member told us, "It's all about the life of service users and what they want to do."
- People were happy and trusted the staff supporting them. One person said, "Staff listen and would do something about any worries."
- Equality and diversity policies were in place at the service to ensure that everyone was treated with dignity and respect regardless of their sex, race, age, disability or religious belief.

Supporting people to express their views and be involved in making decisions about their care
- People were consulted about their care and what support they would like. Care records showed partnership working between people, relatives and staff to make sure people received the right type of support for them.
- There was advocacy information in easy read format at the service for people to access.
- Staff used a range of communication methods to make sure people had their choices heard. A relative told us, "(Person) uses Makaton, staff are also using emotion face cards to help (person) explain their feelings."

Respecting and promoting people's privacy, dignity and independence
- People were supported to remain as independent as possible and staff treated people with dignity and respected their privacy. People's care plans were individual and person-centred.
- People told us, "Yes, I feel independent" and "Yes, I can do what I want to do."
- Staff respected people's privacy and dignity. One person said, "Staff let me get up when I am ready." A relative commented, "(Person) has got more dignity than ever before. They are always asked if they can do something."
- Relatives and visitors were always welcome at the service. A relative told us how welcoming the staff were. They said, "We have been invited for a Sunday lunch visit, they set the place up to look like a restaurant and made us feel very welcome. (Person) made a sausage casserole and was very proud of themselves."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People had detailed care plans which reflected their own personal choices for the support provided by staff.
● People and their relatives were involved in care planning and reviews. People and relatives told us they were involved. One person commented, "Mum and Dad talk to staff about needs."
● People were encouraged to engage in meaningful activities at the service or in the wider community. Staff were playing games with people, supporting people to complete household chores and going shopping with people during our inspection.

Improving care quality in response to complaints or concerns
● There was a complaints process in place at the service and this was available in easy read picture format.
● No complaints had been received at the time of our inspection and the registered manager told us what action they would take if a complaint was received. People we spoke with told us, "I've not complained" and "I have no worries."
● People and their relatives were asked if they had any concerns regarding the service regularly during resident meetings, reviews and informal chats. These comments were used to help improve the quality of care provided. Relatives told us that they were encouraged to raise any issues. One relative said, "Yes we would be encouraged, but we've been able to sort everything so far by picking up the phone or coming in for a chat."

End of life care and support
● Staff had received training in delivering end of life support to people and how best to support relatives in that scenario.
● People's care plans reflected discussions around people's end of life wishes and details around what was already in place, for example funeral plans.
● Relatives were working with the service to create personalised end of life care plans which reflected the person.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager worked to make sure everyone's needs were met physically, socially and emotionally. The staff team were passionate about making a positive difference in everyone's lives. One staff member told us, "We have the best interests of the people. All looked after well by staff team and do what the people want. We are here for them."
- People and their relatives were very positive about the staff team. One person commented, "I like the staff, they are good."
- If things did go wrong apologies were given to people, lessons were learned and these were used to improve the service.

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

- The registered manager had created an open and honest culture within the service. People, relatives and staff regularly approached the registered manager to talk about things. One relative told us, "(Registered manager) is always approachable, if there is anything we need to know they will be in touch."
- There was a robust governance framework in place at the service and the registered manager carried out audits relating the quality of the care provided.
- The registered manager was aware of their legal responsibilities and had a clear direction for the service.

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

- People, relatives and staff were asked for their feedback about the service regularly. There were regular staff and resident meetings. One person said, "Had a meeting asked questions, covered meals, decorating the bedrooms, the food we like."
- The service was in the process of sending out feedback surveys to people and their relatives. These were also available in picture format so that everyone could provide feedback.

Continuous learning and improving care

- The registered manager worked with staff to provide on-going professional development.
- The management used results from quality and assurance audits, feedback and meetings to improve the service.

Working in partnership with others

● The registered manager worked in partnership with external agencies to deliver a high standard of care to people.
● Advice and guidance from other health care professionals was detailed in people's care records.