

# Mr & Mrs I F Ibrahim

# Kingfield Holt

## 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 

### Overall summary

Kingfield Holt is registered to provide accommodation and personal care for up to 25 older people. Accommodation is provided over two floors, accessed by a passenger lift. Communal lounges and dining areas are provided. The home is a detached period building with a large garden close to local amenities.

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

Our last inspection at Kingfield Holt took place on 7 October 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

# Summary of findings

This inspection took place on 2 November 2015 and was unannounced. This meant the people who lived at Kingfield Holt and the staff who worked there did not know we were coming. On the day of our inspection there were 16 people living at Kingfield Holt.

People spoken with were positive about their experience of living at Kingfield Holt. They told us they felt safe and they could talk to staff and if they had any worries or concerns.

A healthcare professional spoken with told us, “Kingfield Holt is a really nice home. I have no concerns at all.”

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people’s safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. The service followed the requirements

of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

People were provided with some leisure activities to join in as they chose.

There were effective 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. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

# Summary of findings

## 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 safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



### Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Good



### Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good



### Is the service responsive?

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people to promote choice.

People were confident in reporting concerns to staff and felt they would be listened to.

Good



### Is the service well-led?

The service was well led.

Staff told us the senior staff were approachable and communication was good within the home.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



# Kingfield Holt

## 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 checked whether the registered 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 on 2 November 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of older people.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from commissioners and this information was reviewed and used to assist with our inspection. We also contacted some health professionals who had contact with the home, including a GP, optician and chiroprapist.

During our inspection we spoke with 12 people who lived at the home and two relatives to obtain their views of the support provided. We spoke with the registered provider and all of the staff on duty during our inspection. This included the registered manager, the assistant manager, four care staff and the cook. We also spoke with a health professional who was visiting the home during our inspection and a further health professional over the telephone shortly after this inspection.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

All of the people who lived at Kingfield Holt that we spoke with said they felt safe. People told us they received their medicine on time and staff supported them to take their medicines. Comments included, “I think it’s very good here. I feel safe and well looked after,” “People are kind” and “I get my medication on time.”

People told us that if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said they had no worries or concerns about their loved ones safety. However, whilst one relative spoke positively about the care and staff at Kingfield Holt, they raised a specific concern regarding the call system with us. They explained that if the call alarm is pulled a second time the alarm stops ringing and people may not be aware of this. We discussed this with the registered manager and provider who gave assurances that they would remind people to ensure they were aware of this. The registered manager also said she would consider placing a notice next to the alarm pulls as an additional reminder. We found that when a call alarm was pulled a light flashed in the office as an additional alert to staff. We saw that throughout our inspection visit call alarms were responded to quickly.

One professional visitor commented, “It’s a really nice home. People are well looked after and I have no worries at all.”

People told us they thought there were enough staff to deal with their care needs.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistleblowing 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 managers and they felt confident that management at the home would

listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults was available so 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 were available to them.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw a staff recruitment policy was in place so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. 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 home. This information helps employers make safer recruitment decisions.

We looked at three people’s care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw risk assessments had been amended in response to people’s needs. For example, we saw one record had been amended to reflect additional support was being provided with mobility.

The service had a policy and procedure on safeguarding people’s finances. The registered manager explained that small amounts of monies were kept for some people at the home, at their choice. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 16 people were living at Kingfield Holt. We found that two care staff and two managers were on duty. We saw people received care in a timely manner

## Is the service safe?

and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. Three care staff were usually provided each day. We looked at the homes staffing rota for the two weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. Care staff spoken with confirmed that three care staff were usually on duty.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and followed the correct procedure for administering and managing medicines.

We found the registered manager, deputy manager and assistant manager were designated to administer medicine. We observed staff administering part of the

lunch time medicines. The member of staff explained what the medication was for and stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. Whilst Kingfield Holt was clean, we found that one domestic staff was provided for five days each week and care staff undertook cleaning duties on the days the domestic staff was not available. This meant that care staff had less time to spend undertaking care duties. We saw that surveys had been sent to relatives and representatives to obtain and act on their views. We found that one relative had commented in their survey that additional domestic staff would be beneficial. The registered provider had responded to this and advertised for additional domestic staff without success. They confirmed that the post was now being recruited to as a current member of staff had expressed an interest in the role.

# Is the service effective?

## Our findings

People who lived at the home said their health was looked after and they were provided with the support they needed. Comments included, “The doctor comes every Tuesday, it’s better than having to make an appointment at a surgery,” “We have someone for our ears and I’m seeing the chiropodist” and “The dentist came the other day. We were asked if we wanted to see the dentist and I had a check-up and a clean.”

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one.

Healthcare professionals spoken with had no concerns about the care and support provided at Kingfield Holt. Comments included, “It is a brilliant home. I go to the home very regularly and the care is second to none. Investing in a qualified nurse [the registered manager] has had a profound effect and they manage people’s health really well. [Names of other managers] are also very good. Staff don’t panic and make appropriate requests to us” and “I have no worries at all. It is a very good home.”

People told us the food was good and they enjoyed the meals. Comments on the food included, “I love my dinner. It’s just like home and we get plenty of choice and cups of tea,” “The food is okay and there is plenty of choice” and “The food is plentiful and good. I get plenty of drinks.”

We joined some people for lunch in one area of the home. There were clean table cloths and condiments on the tables. We saw meals were nicely presented; the food looked appetising. People said they enjoyed their food. Staff served meals and made sure people had what they needed. There was a quiet atmosphere in the room. People were allowed to eat at their own pace and weren’t rushed. We saw that some people chose to eat their lunch in their rooms and this was respected. We saw staff providing people with their meal in their room and they checked people were happy and had everything they needed before they left. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. We saw people preferred to spend time in their bedrooms and drinks were provided throughout the day. Staff were aware of people’s food and drink preferences and respected these.

We spoke with the cook who was aware of people’s food preferences and special diets so that these could be respected. A record of people’s food likes, dislikes and allergies was kept in the kitchen and the cook and staff spoken with were aware of these. This demonstrated that staff had a good knowledge of the people in their care. We looked at the menu for four weeks and this showed that a varied diet was provided. However, the menu did not reflect a choice to the main meal was available if preferred. Whilst the cook and some people spoken with said that choices different to the menu were available, one person told us they didn’t think different main meals were provided. We discussed this with the registered manager who gave assurances that she would remind everyone that choices to the menu were always available.

Staff told us the training was ‘good’ and they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and privacy and dignity. We saw a training record was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member’s performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with some supervision and annual appraisal for development and support. Staff spoken with said they usually received two individual supervisions each year and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role. We discussed the frequency of supervisions with the registered provider and manager. They explained that daily handover meetings sometimes included group supervisions but these were not recorded. The registered manager gave a commitment to record group supervisions to evidence these had taken place and to provide written updates and guidance to staff. The registered manager also explained that all three managers at the home undertook care duties alongside care staff which meant that staff were regularly observed in their delivery of care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are

## Is the service effective?

part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The deputy manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager was aware that, where needed, DoLS were referred to the Local authority in line with guidance.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, chiropodists and dentists. People's weights were monitored and the assistant manager confirmed food and fluid charts were completed for people identified as needing this support to maintain their health.

# Is the service caring?

## Our findings

People told us they were happy living at Kingfield Holt. Comments included, “When I left my own home it really knocked me, but this home is the very best. We are very well looked after,” “My privacy is respected. Staff always knock before coming in and know everyone by name,” “She (pointing to a member of staff) is lovely. When I first came here she spent all morning with me,” “The staff are very nice,” “Staff are caring and kind,” “Staff are kind, caring and pleasant and eager to help,” “I need help to dress and undress and this is done respectfully. I chose my own dress,” “Staff are kind and caring. They come with me to the shower to turn it on and then I can manage on my own. Once I’ve dried myself they help me back to my room.”

During our inspection we observed some people being assisted by staff to move around the home either with a walking frame or by taking their arm. The staff did so with care and consideration, ensuring people safely negotiated the doorways from one room to another.

Health professionals spoken with said that staff were caring. One commented, “This is a very nice home, the staff really care and they know the residents really well.”

One health professional told us, “The home is really good at end of life care; we don’t have to transfer people to hospital. One person recently passed away and they died peacefully at the home, which is what they wanted.” Staff spoken with were very clear that end of life care was individual to the person.

We spoke with one relative who told us they were very grateful for the end of life care their family member had received. They said it had been “Exceptional.”

During our inspection we spent time observing interactions between staff and people who lived at the home. It was clear that staff had built positive relationships with people and they demonstrated care and compassion in the way they communicated with and supported people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people’s well-being. We heard a care worker talking to a person about their plans and taking time to listen to the person. We saw a care

worker walking with a person for their lunch in an unhurried and patient manner. We saw care workers knock on bedroom doors before entering. We saw care workers listened patiently to people and gave them the time to say what they wanted. People were always addressed by their names and care staff seemed to know them well. People were relaxed in the company of staff.

All of the staff spoken with said they knew the people living at Kingfield Holt very well. Comments included, “We benefit from being a small home, we all know each other and residents know us. It really works well.”

All assistance with personal care was provided in the privacy of people’s own rooms. We saw staff supporting people to their rooms so that health professionals could see them in private. We heard staff speaking to people and explaining their actions so that people felt included and considered. People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff. Most people chose to spend time in their rooms and this was also respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

We found the home had a dignity champion whose role was to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

The care plans seen contained information about the person’s preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

People who used the service could not recall being involved in their care planning, but none of the people we spoke with wanted to be more involved. One relative told us they felt fully involved with their family members care.

The registered manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day. We saw visitors were greeted warmly by staff that knew them.

# Is the service responsive?

## Our findings

People who lived at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "I choose to spend time in my room, and I like to eat my meals there, watch television and read. I enjoy my own company and that's never a problem. I don't ever feel I should do something I don't want to," "I enjoy reading my newspaper, I don't like to join in any group things, but I could if I wanted to," "I can go to bed when I like," "There are no restrictions on what I do but there are no baths here only showers. If I want a shower I get help," "We have visitors whenever we like," "If you ask to go out and they have time we can go for a little walk, or we sit outside in the garden," "I sit in the garden in summer and I enjoy knitting" and "The staff are good - they leave you to your own devices" and "If I had a problem I would talk to [the registered manager]. I've never had cause for complaint".

People who lived at the home had been sent surveys to obtain and act on their views. In the surveys, one person had commented that further opportunity for activities would be better. The provider employed an activities worker for two days each week and a newsletter had been produced to inform people of forthcoming events. We saw the newsletter and this gave details of a remembrance party, bonfire night celebrations, poetry therapy and other events so that people were fully informed. Other information on display showed that other activities were provided, for example crafts, manicures, bingo and quizzes. This showed a responsive approach. People spoken with said that the activities provided had improved.

Staff told us a church service was held each month for people to celebrate their faith.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink, what they would like to do and if they needed any help.

People's care records included an individual care plan. The care plans seen contained 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. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's care 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 health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw that care plans had been reviewed each month. Records detailed an overview of the previous month and noted any changes to the person's health and well-being. These gave a good picture of the person and their current needs. Where changes had been identified as needed, we saw that care plans had been amended to reflect these. For example, one person's plan had been updated to reflect changes in their mobility; another person's plan had been updated to reflect changes of dietary needs. These examples showed that care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of the home. 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 saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Kingfield Holt. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was maintained and we saw records of appropriate action being taken in response to a complaint and the outcome of the complaint. The registered manager informed us there were no current complaints about the home.

# Is the service well-led?

## Our findings

The manager was registered with CQC.

People who lived at Kingfield Holt provided consistently positive feedback about the staff. Comments included, “The staff do their jobs well, the junior manager’s [deputy and assistant managers] are very pleasant, in fact all the staff are,” “If I have a worry I can go to staff, they would listen and are very good” and “This home really is the best, the staff seem happy and are helpful. You can’t ask for more,” “The Matron [registered manager] and under manager are very good,” “I know the owners but don’t see them often. They are pleasant. Matron is nice,” “I think it is well managed and its all first name terms” and “I would recommend it here to friends.”

Relatives told us that staff were approachable, friendly and supportive.

All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Staff felt able to approach managers and commented, “The managers are very approachable, especially the deputy and assistant manager. We can go to them with anything,” “I love my job, we’re a good home” and “The staff all support each other.”

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home. We observed the registered manager and assistant manager around the home and it was clear that they knew the people who lived at the home very well. We saw that people who lived at the home and staff freely approached the managers to speak with them.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw audits in medicines, care planning and infection control were routinely undertaken as part of the quality assurance process. . We saw records of accidents and incidents were maintained and these

were analysed to identify any ongoing risks or patterns. The registered manager confirmed that the registered provider visited the home a minimum of twice each week to check everything was fine and support the running of the home.

We found that surveys had been sent to people who lived at the home and their relatives. Information from the returned surveys has been reported on throughout this report. We saw the results of the surveys had been audited and where needed the registered manager had identified actions taken to show comments had been responded to. For example, in response to the survey completed an additional domestic staff was being recruited.

Staff spoken with said that formal staff meetings did not take place but detailed handover meetings took place each day so that important information could be shared. Staff told us that these meetings covered discussions on each person who lived at the home and other relevant updates such as training. Staff told us they were always told about any changes and new information they needed to know. We found that these meetings were not routinely recorded and the registered manager explained that important information relating to people living at the home was recorded in people’s individual notes and communications book. We spoke with the registered provider and registered manager about recording handover meetings to evidence other important information and updates were provided to staff and to ensure all staff could access this. The registered manager gave assurances that this would be undertaken.

The home had policies and procedures in place which covered all aspects of the service. Some policies seen had been reviewed and were up to date, other policies were dated 2010 and 2011 and required a current date to evidence they had been checked to make sure they were up to date. The policy and procedure file was well set out and indexed so that specific policies were easy to locate. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.