Kingfield Care Home Limited

The Manse

Inspection report

24 St Andrews Road
Nether edge
Sheffield
S11 9AL

Website: www.kingfieldcarehome.co.uk

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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

This comprehensive inspection took place on 4 January 2019 and was unannounced.

The Manse 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 can accommodate up to nine people in one house.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

At the last comprehensive inspection in September 2016, the service was rated Good. At this inspection we found the service remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Manse' on our website at www.cqc.org.uk'

The service had a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People we spoke with all said they felt safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Staff had been safely recruited and there were enough staff to meet people's needs.

Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks.

People received their medicines in a safe manner and received good healthcare support. People received a nutritious and balanced diet and their dietary needs and choices were met.

The service was carrying our environmental improvements at the time of our visit. However, it was well maintained and clean. Infection control was adhered to by staff.

People were supported to make their own decisions and choices. Staff were knowledgeable and understood the principles of The Mental Capacity Act.

There were good systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People spoke positively about the relationships they had with the staff team. The atmosphere was relaxed, calm and friendly.

People were involved in developing their care plans, which were person-centred and kept under review. Staff respected people's privacy and dignity and promoted their independence. There was a strong person-centred and caring culture in the home. (person-centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff.

There was a varied and appropriate activity programme and people had regular access to the community.

The service had an open and inclusive culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

We saw that the registered provider and registered manager continued to effectively monitor and audit the quality and safety of the service and that people who used the service and their relatives were involved in the development of the home and were able to contribute ideas.

Further information is in the detailed findings below

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

The Manse

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 was a comprehensive inspection. This inspection took place on 4 January 2019 and was unannounced. The membership of the inspection team was one adult social care inspector. At the time of our inspection there were 11 people using the service. There were seven permanent placements and the service also provided support on a respite basis, four people accessed the respite service. The service only supported a maximum of nine people at any one time.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service and three relative. We spent time in communal areas observing interactions between staff and people they supported.

We spoke with the registered manager, the deputy manager and three support workers.

We looked at documentation relating to people who used the service, staff and the management of the service. This included two people's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People who used the service were safe. We asked people if they felt safe and everyone we spoke with said they did. One person said, "The staff are brilliant, definitely feel safe."

We saw that the systems, processes and practices in the service safeguarded people from abuse. People we spoke with told us they felt confident to raise any concerns that they might have about their safety.

All staff we spoke with understood the importance of safeguarding adult procedures. They knew how to recognise and report abuse and were aware of the correct procedures to follow. The registered provider had a policy in place to protect people from abuse. Staff had completed safeguarding of vulnerable adults training including whistle blowing.

Risk assessments had been completed to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly. The assessments were very good, clear and evidenced involvement of the person who used the service, their relatives and advocates. One person told us, "My key worker goes through my care plan we discuss what is required." A relative we spoke with said, "The staff are great, they manage risks and are not risk adverse, they [the staff] have a 'can-do' and 'people can' attitude. It definitely promotes independence."

We saw risk assessments had been developed where people displayed behaviour that challenged. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. The plans we saw were reviewed regularly and where people's needs changed in any significant way saw that referrals were made to health care professionals in a timely way.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had received health and safety training including participating in regular fire drills and fire training.

We found there were sufficient staff to meet people's needs. Staff we spoke with said there was adequate staff on duty. Some people were contracted to receive a number of one to one hours. We saw that these were facilitated to ensure people were safe and their needs were met. People we spoke with told us they were always able to go out when they wanted and there were staff around at all times.

The registered provider followed safe recruitment system. Staff files we checked evidenced that pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines

to people had received training and their competency assessed. Medicines were stored securely in locked cabinets. Temperatures were checked and recorded and we found they were within the recommended limits.

Staff were able to explain how they supported people appropriately to take their medication that was prescribed as and when required. For example, pain relief and were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. Areas of the home we saw were clean and well maintained. However, there was on-going renovation work so some rooms were not accessible due to the work in progress.

Good

Is the service effective?

Our findings

People received care that was effective. All people we spoke with were very positive about living at the service. One person said, "The staff are nice, I like it here." Relatives we spoke with also praised the staff. One relative said, "I am very pleased, the staff are brilliant, they understand [relatives name] and meet their needs."

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effectively and provided person centred care and support.

Staff told us they were formally supervised and appraised and confirmed that they were happy with the supervision and appraisal process. Staff supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. All staff told us they felt supported and worked well as a team.

People were cared for by staff who had received training to meet people's needs. Staff told us the training was good and they attended regular training and records we saw confirmed this.

We saw that people were offered a nutritious and balanced diet, which met their individual needs and preferences. We observed people choosing and either preparing their own meals or with support from staff. People could choose whatever they fancied and there were no restrictions what time to eat. We observed people coming in and out of the kitchen making drinks and getting snacks when they wanted.

The registered manager had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. To enable a smooth transition between health and social care services and to reduce the impact on people, care records contained detailed information about their health needs.

The adaptation and design of the service met people's needs. The service was within walking distance to Sheffield centre and other local amenities. There were separate areas for people to relax and a small enclosed garden. The accommodation met the needs of the people who used the service. Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Rooms we saw were individualised and contained items of importance from their lives. The registered provider was further improving the environment the time of our inspection. They were creating a new kitchen on the top floor, which was in addition to the main kitchen on the ground floor and a lounge. This was to enable people to be more independent, to be able to entertain family and friends and have privacy if required.

The registered provider had also thought how the renovations would affect people as they intended to refurbish all the en-suite facilities. Therefore, they had converted a room into a spare bedroom with a new en-suite and would use this room to move people, with their consent, on a temporary basis while their

rooms were refurbished. This room could then be used if any relatives wish to stay.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. We found applications for DoLS had been made for people who required this. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered. People and relatives, we spoke with confirmed that staff sough consent before delivering any support.

Good

Is the service caring?

Our findings

From our observations and speaking with people and their relatives we found that staff were kind, considerate and caring and understood people very well. One person said, "It is fab here, the staff are great." Another person said, "I get on with everyone, staff are good."

We spent some time in the communal areas during the inspection. We saw that staff showed kindness towards people when they were providing support in day to day conversations and activities. The registered manager told us that staffing numbers were configured to allow people to participate in activities in the community, and we saw that staff went out with people to participate in activities of their choice during our inspection. The staffing levels meant the activities could be individualised and meet people's preferences and also there were high levels of engagement with people throughout the day.

From conversations we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own.

Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported. We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, we saw care workers knocked on doors before they entered and they asked people's choices before supporting them.

The care plans we looked at detailed what was important to that person including their preferences, choices and goals. They were reviewed and detailed what was not working and why, to ensure people's needs were met. People told us they were involved in their care plans if they wished. One person sat with us while we looked at their care plan, it was evident they were aware of what it contained and they told us they went through the plan with their key worker to discuss what was important to them.

Care records also contained the information staff needed about people's significant relationships including maintaining contact with family and friends. Staff told us about the arrangements made for people to keep in touch with their relatives and friends to ensure they maintained those links. Relatives we spoke with confirmed that staff supported their relationship and there were no restrictions on visiting or telephoning.

People had the opportunity to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Good

Is the service responsive?

Our findings

People who used the service received care that was personalised. People were involved in making decisions about their care and support. We saw evidence of this in care files.

People we spoke with told us they were involved in their care planning. People knew who their key workers were and we found the registered manager had matched staff with people they supported who had similar interests and hobbies. For example, one person liked walking and their key worker also liked walking. The person told us that their key worker was working the day of our inspection and they were going out in the afternoon with them, they were looking forward to the person coming on duty. It was evident they had a positive relationship. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests.

People's plans included a personal history, individual preferences and people's interests and aspirations. They had been devised and reviewed in consultation with people. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people positively, inclusively and in line with their care plans.

We saw that people's care plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, gender, disability, age and religion. Staff had ensured people were treated equally.

We found all people who used the service were supported to pursue activities that they enjoyed, that were meaningful to them and promoted their wellbeing. People were supported to maintain their hobbies and interests. Activities people took part in were socially and culturally relevant and were appropriate. All people we spoke with told us they enjoyed the activities. People were accessing the community during our inspection. People also accessed further education and jobs. For example, one person had accessed an apprenticeship and told us they were 'Loving it', another person had been supported to obtain a voluntary job. They had at first gone with staff but over time staff had gradually supported the person to be independent and the person now travelled to the job on their own and had made many new friends. They told us, "I really enjoy my job."

We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives. Some people used technology to help them plan their day and time, for example, tablets (portable computer) and mobile phones. From our observations it was evident staff understood people's communication needs and used different approaches to ensure the people they supported were understood and had their wishes and choices met.

We saw there was a clear complaints procedure available for people who used the service, their relatives

and friends. Records of complaints were clearly recorded and the investigation and actions taken were documented to ensure any issues raised were dealt with satisfactorily and people were listened to. People we spoke with told us if they had any concerns they would not hesitate to raise them with staff. People were also encouraged to speak up and regular meeting were held for people who lived at The Manse. Easy read formats were used to ensure everyone was able to engage and understand.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they were happy with the quality of the care provided. One relative said, "We are very pleased, very happy, more than happy with the care received." Another said, "We are kept informed and people are well looked after."

Staff told us they enjoyed working at the home. They told us they felt respected by the registered manager and felt they contributed to improving the lives for all people. Staff also felt able to give their views on how the service could be developed and were given the opportunity to give their views in staff meetings and supervisions.

Quality questionnaires were sent regularly to obtain the views of people who used the service, their relatives and staff to enable the home to continually improve and develop.

We found the management team instilled knowledge and enthusiasm of the service into the ethos of the home. From talking with staff, it was evident that the management were committed to providing care that was tailored to the needs of the individuals who used the service.

Systems were in place for the provider to communicate openly with and gather feedback from people, relatives and staff. Staff held regular meetings with people both individually and in groups.

Social events were arranged through the year to encourage relatives and neighbours to be involved in and support the service. They had recently had a Christmas party and invited all family and friends. People told us it had been a great success. The registered provider also sent questionnaires to families and professionals to gather their feedback each year.

The quality assurance system continued to ensure that the management team had a good overview of how the service was operating and that the service was of good quality. Audits completed by the registered manager and the registered provider were carried out regularly and had identified areas for improvement. An action plan was in place and was continually reviewed to ensure any identified improvements were made and sustained. It was as a result of the audits that the environment was being improved, redecorated and a new bathroom installed.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. Staff told us that they had regular staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service. One member of staff told us, "We work well as a team, it a great place to work." Another said, "Because we work together well this has a positive impact on people we support."