

Mr & Mrs I F Ibrahim

Kingfield Holt

Inspection report

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Date of inspection visit:
21 January 2019

Date of publication:
05 February 2019

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 inspection took place on 21 January 2019 and was unannounced. This meant the staff and provider did not know we would be visiting.

Kingfield Holt is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kingfield Holt is registered to provide accommodation and personal care for up to 23 people. Accommodation is provided over two floors, accessed by stairs or 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. The care provided is for people who have needs associated with those of older people. On the day of our inspection there were 15 people living at the home.

Our last inspection at Kingfield Holt took place on 25 and 26 January 2018. We found the service was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 11, Need for consent, Regulation 12, Safe care and treatment, and Regulation 17, Good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the Regulations.

There was an acting manager at the service. The previous registered manager had very recently retired from the service. 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.

People living at Kingfield Holt told us they felt safe and they liked the staff. Staff confirmed they had been provided with safeguarding vulnerable adults training, so they understood their responsibilities to protect people from harm.

Regular checks of the building were carried out to keep people safe and the service well maintained.

There were sufficient numbers of staff available to keep people safe. The staff recruitment procedures and checks in operation promoted people's safety.

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

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

Staff gave people as much choice and control as possible.

People enjoyed the food provided and were supported by staff to receive adequate food and drink to remain healthy.

We found the home was clean, bright and well maintained.

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

People were treated with dignity and respect and their privacy was protected. People and health professionals we spoke with made positive comments about the care provided by staff.

A range of activities were available to provide people with leisure opportunities.

People were confident in reporting concerns to the acting manager or staff and felt they would be listened to and their concerns would be addressed.

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.

Staff told us they felt they had a very good team. Staff and people said the acting manager was approachable and communication had improved within the service.

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.

People told us they felt safe. People had individual risk assessments and all identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

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

There were sufficient numbers of staff available to keep people safe. The staff recruitment procedures and checks in operation promoted people's safety.

Is the service effective?

Good ●

The service was effective.

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

Staff gave people as much choice and control as possible.

People were provided with access to relevant health professionals to support their health needs.

Is the service caring?

Good ●

The service was caring.

People's privacy, dignity and independence were maintained by staff who knew people's preferences well.

People living at the home said staff were very caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had

been reviewed to keep them up to date.

People were confident in reporting concerns to the acting manager or staff and felt they would be listened to and their concerns would be addressed.

There were some activities organised for people to participate in.

Is the service well-led?

Good ●

The service was well-led.

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

People and relative's views were sought to continuously improve the service.

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 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 comprehensive inspection took place on 21 January 2019 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We did not ask the provider to complete a Provider Information Return (PIR) this was because we had changed our inspection dates and so we had not requested the form to be completed. The PIR 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.

We gathered information from the local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 15 people using the service. We spoke with seven people using the service and a visiting health professional.

We spent time observing care and support and activities taking place in the communal areas. We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spoke with nine staff, which included the provider, acting and deputy managers, senior care and care

staff and ancillary staff such as a domestic and the cook.

We reviewed a range of records about people's care and how the home was managed. These included care records for three people, medicine records and other records relating to the management of the service. We also looked at the staff training matrix and three staff training, support and employment records and quality assurance audits.

Is the service safe?

Our findings

At the last inspection the service was rated 'requires improvement' in this domain because improvements were required in the systems for the safe management of medicines. At this inspection, the provider had ensured all actions were taken and this domain was therefore rated as 'good'.

Medicines were obtained, stored, administered and disposed of safely by staff. We saw people were receiving their medicines as prescribed by their GP. We observed the staff member administering the medicines to be patient, calm and professional they went to each individual person as the person woke in the morning, so the person was able to have their medicines at their preferred time. Appropriate policies and procedures were in place to support staff in managing and administering medicines safely. Staff were trained to administer medicines and their competency was checked by another senior member of care staff or a manager. We talked to the acting manager and provider about increasing the frequency of the competency checks. Senior staff completed a monthly quality and compliance audit of the medicines records and systems. Where any issues were identified we saw that action was taken to address them.

People told us they felt safe living at Kingfield Holt. Comments included, "I've no worries. I feel very safe" and "I do feel safe here."

The service had appropriate systems in place to safeguard people from abuse. We saw the service had a safeguarding vulnerable adults policy and procedure. The staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor care practices or abuse. Staff said they would always report concerns to the senior staff on duty and they were confident the management of Kingfield Holt would take appropriate action. The acting and deputy managers were aware of their responsibility to make safeguarding referrals.

Systems were in place to identify and reduce risks to keep people safe. We looked at three people's care records and saw they included detailed risk assessments. The risk assessments were person centred and provided staff with clear guidance on how to support people to manage the identified risks. Care plans and risk assessments promoted people's independence and freedom whilst minimising risks. We saw risk assessments were reviewed by senior care staff each month or more frequently if a person's needs changed.

Staffing levels were sufficient to keep people safe. People told us, and we saw from the staff rotas, there were enough staff on each shift to meet peoples' needs. People living at the service commented, "There is enough staff. If I pull my buzzer they always come" and "They (staff) answer call bells if I ring." We observed staff were visible and available to meet people's needs promptly.

We saw there had been some staff sickness and so staff had agreed to cover some extra shifts. Staff said, "We prefer to do this really (cover extra shifts), it is better for the residents and us that we don't use agency, we know people better" and "There is enough staff, we all pull together."

Safe recruitment practices were followed. We looked at three staff files to check how staff had been

recruited. Each file contained an application form detailing a person's employment history, two references, proof of identify and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found personal emergency evacuation plans (PEEPs) were kept for each person for use in an emergency to support safe evacuation. We saw a fire risk assessment had been undertaken to identify and mitigate risks in relation to fire. There were weekly fire checks and regular fire drills conducted. The provider maintained a schedule of annual safety checks of the fire system and extinguishers which were carried out by external professionals.

We saw a letter from the fire authority following their visit to the service in September 2018 which required the provider to take some additional actions in relation to fire safety. The provider said there was only one outstanding action, to resite the fuse box, and this would be completed in the Spring (warmer weather) as the works meant turning off the heating and lighting. The letter confirmed the fire authority would not be revisiting and asked the provider to inform them when works had been completed. The provider confirmed they would do this when all works had been completed.

We found the service to be clean and tidy, with a homely atmosphere. There were no malodours noticeable throughout the day of our visit. People we spoke with told us the service is always "spotless." We saw there was an effective infection control policy in place and staff followed clear cleaning schedules. We saw plastic gloves and aprons were readily available throughout the home and were used by staff throughout the day of the inspection. This meant there were systems in place to reduce the risk of the spread of infections.

Is the service effective?

Our findings

At the last inspection the service was rated 'requires improvement' in this domain because improvements were required to ensure compliance with the Mental Capacity Act. There was limited information in care records about people's capacity to make their own decisions. At this inspection, the provider had ensured all actions were taken and this domain was therefore rated as 'good'.

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, 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 were being met. Staff we spoke with understood the principles of the MCA and DoLS. Staff confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

The care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests. People told us they felt consulted and staff always asked for consent. Staff were seen and heard asking consent from people before providing any support. The care plans we checked showed evidence people's consent to care had been sought. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

People spoke highly of the staff and the care staff provided. Comments included, "The staff are very good, they know what to do" and "Very good staff I am well looked after."

We asked a visiting health professional for their views about the service. They said, "It's a good home. Staff make appropriate referrals to us and follow advice. They know about health and safety and I see them do audits. I have no concerns about the home."

Staff received regular training to ensure they had the right skills, knowledge and experience to deliver effective care to people. We looked at training records and saw that staff training was up to date. All new staff received a thorough induction by the provider and local authority. Staff told us they thought the training was good and supported them in their roles. Staff said, "I am up to date with all training and get reminders for refresher training."

We saw staff received regular supervisions and annual appraisals from their manager. Staff told us they felt

able to talk openly with a manager and if they requested additional training this was always provided. Staff felt their supervisions were useful and constructive. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. Staff said, "I get supervision twice each year and appraisal once each year." (This frequency was in line with the providers policy).

We saw people were supported to maintain a balanced diet. People were very positive regarding the food served at Kingfield Holt and their food preferences were taken into account by the cook when preparing the menus. The staff were familiar with peoples' dietary requirements. People told us there was a good choice of food. Comments included, "I am a bit fussy but there is always something I like" and "The food is good, no grumbles." Mid-morning, we heard staff asking people what they would like for lunch. If a person was unsure of meal choice alternatives were offered by staff.

People had access to healthcare services. People's weights were monitored when they were assessed to be at risk of malnutrition and we saw the service made appropriate referrals to health professionals when required. One person said, "I'm not feeling too well but I am seeing the doctor tomorrow."

We found the accommodation was well maintained and decorated, which provided a pleasant living space. We saw equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Is the service caring?

Our findings

People living at Kingfield Holt made positive comments about staff and the service. People told us they were happy and well cared for by staff who knew them well. They said staff were good at listening and meeting their needs. We saw people were cared for and supported by staff that were kind, patient and respectful. Staff shared conversation with people and were attentive and mindful of people's well-being. People were relaxed in the company of staff. People said, "The staff are marvellous, very kind and patient," "I am fine here. The staff are lovely. She is the best (laughing whilst pointing at one staff member)" and "The staff always treat me with respect. I can talk to any of them."

People were well dressed and had their hair combed and it was evident their personal care needs were well met. We observed that staff maintained the dignity and respect of people they supported. We observed care staff knocked before entering people's rooms. Throughout the day we saw staff seek the consent of people before and during any care tasks being completed. This showed people were treated respectfully.

People's social history and preferences were documented, and staff were aware of these. Previous hobbies and activities had been considered when planning activities in the home and people were supported to express their views and be actively involved in making decisions about their care and treatment.

Staff told us they enjoyed caring for people in the home and said they would be happy for any member of their family or a friend to be cared for by the staff of Kingfield Holt. Staff said, "I like what I'm doing, I like looking after people and talking to them. I like to treat the residents as if they were my own family. I would be happy for family to live here because I know the care is good" and "I would definitely be happy for any family to live here, it is a home from home."

Staff told us there were several people of different faiths currently using the service. People's cultural and spiritual needs were clearly recorded in their care records we looked at, which meant staff could promote people's beliefs. A monthly faith service was held in the home by a local church minister. Staff told us several people attended this service.

In the reception area we saw there was a range of information available for people and their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who does not have family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People living at Kingfield Holt said staff responded to their needs and staff knew them well. People told us they chose where and how to spend their time, how they wanted their care and support to be provided and they were involved in reviews of this.

We looked at three care plans. They were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The care plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans, so staff were aware and could act on this. The plans seen had been regularly reviewed monthly by senior care staff or the managers to keep them up to date.

We saw people had care plans to identify their diet preferences and people were weighed monthly. However, we discussed with the acting and deputy managers introducing a nutritional screening tool which could be updated monthly so people's dietary needs or problems were identified at any earlier stage. The acting manager said they would introduce a tool immediately.

Staff we spoke with said people's care plans contained enough information for them to support people in the way they needed. Staff had a good knowledge of people's individual needs and could clearly describe the health and personal care needs, history and preferences of the people they supported. This showed the care provided was person centred.

The service had staff handover of information between shifts. This gave staff coming on shift an overview of the care provided and support people required. Staff said they found the handovers very useful. Comments included, "Everything we need to know is covered in handovers, they are really useful."

Assessments and care plan documentation prompted staff to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability. People's sexuality had been incorporated into care plans which commented on their self-image, how they liked to dress and the importance they gave to grooming or dress.

People were asked what kind of activities they would like to do, and we saw there were some activities organised. Some people said they preferred to sit quietly and read. Newspapers were delivered daily to the home and there were a number of books for people to read in the library area of the home. One person said, "I sometimes get a bit bored but it's my own fault. I'm used to living on my own and don't like hearing other people's conversation. It's a bit raucous. I have my books and television." Another person told us they were looking forward to an activity being held in the home that morning. They said, "I am going to an activity with the toddlers and babies. I really enjoy it." The activity the person was talking about was 'rattle and retirement'. Kingfield Holt are participating in 'rattle and retirement' music workshops. We observed this activity taking place on the day of inspection. Babies and toddlers from nursery visit with a parent and

participate in intergenerational dance and exercise. Five people joined in and appeared to really enjoy the event.

The service provided end of life care and support to people when this was identified as needed. The managers informed us the home liaised with relevant healthcare professionals to ensure appropriate care was provided. We saw end of life discussions between staff, people and relatives were recorded in the people's care plans we checked. Staff told us they received training specific in end of life care.

The service had a complaints procedure in place. People we spoke with told us that they had not had any reason to complain, however they knew who to speak with if they needed to. The complaints policy and procedure was clearly displayed within the service. The procedure gave details of who to complain to outside of the service, such as the local authority. This showed that people were provided with important information to promote their rights and choices.

Is the service well-led?

Our findings

At the last inspection the service was rated 'requires improvement' in this domain because some systems in place to assess and monitor the quality and safety of the service were not effective and did not identify the shortfalls we found on the day of the inspection. Staff had limited opportunities to give their feedback and opinions about how the service could be improved. At this inspection, the provider had ensured all actions were taken and this domain was therefore rated as 'good'.

The previous registered manager recently retired from the service. There was an acting manager in post at Kingfield Holt. The acting manager was not present at the beginning of the inspection as due to staff sickness they had worked the previous night. They attended the service to assist with the inspection in the afternoon. The acting manager knew the service very well as she had been the deputy manager for several years.

Staff said the acting and deputy manager were very supportive and the service was 'well run'. Staff said, "It has got better and its now easier to go to management," "Since [named acting manager] took over it has got better," "The managers are very good and always say to come and see them," "The management are really good, approachable" and "I feel very positive about the future of the home."

We found a welcoming and positive culture at the service that was encouraged by the managers. Staff also told us that teamwork was encouraged, and that staff worked very well together. People and relative's views were sought to continuously improve the service. We saw questionnaires had been sent to people and relatives last year and people said they could speak with the provider any time as they regularly saw and spoke with them when they visited the home. People said, "The managers who wear red uniforms are very good. I could talk to them about anything."

Improvements on how people's views were sought were discussed with the acting manager. We discussed how the introduction of regular 'resident/relative' meetings may provide people with more of a voice about how the service was run. The acting manager said they were looking at introducing such meetings and regular staff meetings. Staff said they had completed a provider questionnaire which asked their views about the service. They said they felt 'more listened to'. Staff said they had regular contact with the managers and provider at shift handovers, when issues surrounding the management of the home were discussed, staff said, "We have been told staff meetings might start being held soon, I think that would be good."

The managers and provider monitored the quality of the service and acted to make improvements when issues were identified. We saw that a number of quality assurance audits were completed every month, including infection control, health and safety, medicine administration and care records. We saw that where audits identified something could be improved, the next audit checked the improvement had been made. This meant audits helped to drive improvements to the quality of the service throughout the year.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen

had been reviewed by the provider and acting manager. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The acting manager was aware of their obligations for submitting notifications to CQC in line with the Health and Social Care Act 2008. The manager confirmed notifications were appropriately submitted.

The service had an open and transparent culture within the home, with the CQC rating from the last inspection on display in the entrance and on the services website.