

Kingfield Supported Living Ltd

Kingfield Supported Living

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 ●

Summary of findings

Overall summary

About the service

Kingfield Supported Living is registered to provide personal care to people living in their own homes. Kirkfield Mews is a purpose-built supported living accommodation for up to 20 adults with physical disabilities, learning disabilities and/or mental health needs in their own flats. At the time of inspection 10 people were receiving support.

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

People told us they felt safe. Medicines were managed safely. Staff were recruited safely, and there were enough staff to take care of people. Support plans and risk assessments detailed what care and support people needed to reduce risk to them.

Staff received appropriate training, a plan was in place to ensure training was kept up to date. Staff were supported and felt supported by the management team. Staff received supervision. People's needs were assessed, and outcomes recorded. People were offered a choice of food and drink. The service worked with other health care professionals.

People told us staff were kind and caring. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People told us staff treated them with dignity and respect, they were involved with the planning of their care and their views were listened to.

There was a complaints procedure and people knew how to complain. People's likes, and dislikes were recorded in people's support plan and staff knew people and their preferences well. People's communication needs were in their plans. People had a good range of activities in place and people were happy with what was on offer.

People spoke highly of the management team who they said was approachable and supportive. The registered manager understood the regulatory requirements. People told us they thought the service was well led.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

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

Rating at last inspection

The last rating for this service was good (published July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Kingfield Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in ten 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, service manager, and two support workers.

We reviewed a range of records. This included one person's care records, and elements of two other people's care plans. We looked at two staff files in detail, and elements of two other staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I like living here, I feel safe," and "Staff make me feel safe." A relative told us, "My [relative] is safe with staff, they know them very well."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. Staff received appropriate training.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed.
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs.
- Assessments were individual and personalised to each person and covered areas such as falls and physical and mental health conditions. Staff were aware of the risks to people they supported and there was a culture of encouraging positive risk taking.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- There were enough staff to ensure people received safe care.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- Medicines were managed safely.
- Staff told us, "I have been observed administering medication, we are kept up to date with our training."
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training.

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future re-occurrences.

- Risk assessments and support plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They clearly described the support required and contained person-centred information.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One staff member told us, "Most of the training is e-learning. If we need any additional training, we only have to ask." A relative told us, "Staff have received training in relation to [relative's] condition, others have learnt on the job. They are very good and are willing to learn."
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

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

- Staff were knowledgeable about people's needs and were able to explain information recorded in care plans.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- One person told us, "I have lots of health care appointments, I see lots of different people. Staff support me to my appointments, the staff are there because I don't understand most things. The staff explain things in layman's terms for me." A relative told us, "Staff were not happy with how [relative] was presenting following discharge from hospital, through their persistence and knowledge of [relatives] particular behaviours they got [relative] re-admitted to hospital."
- Hospital passports were in place to support effective transition between services. This meant key information was available on people's needs should they be admitted to hospital.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager understood the need to include any conditions in the care planning process to demonstrate they had been met.
- Support staff told us they had received training in the MCA and DoLS. This helped them to understand how to protect people's rights. One staff member told us, "We presume people have capacity and allow them to make choices. I offer peoples choices."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received good care and support from staff. People told us, "Staff are caring, they are there when I need them. Staff listen to me, make me feel safe, they are very approachable, especially [staff member]. I have a close relationship with them," and "I like living here, I am happy when I see the staff. The staff are nice and kind." A relative told us, "The care is really good, [staff member] hit it off with [relative], staff know how to work with [relative] to get him onside to do things."
- Staff we spoke with were positive about their role. One staff member told us, "it's a good place to work. I like to make a difference for people, making enjoyment for someone's day. Helping people live the life they want with support."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- People told us staff listened to their views and they were involved in making decisions about their care and support, as far as possible. People's views were obtained through individual reviews.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- People who use the service told us, "The staff are really good, if it wasn't for them I don't know what I would do. They do things the way I want, they leave me, I shout them if I need them. Staff help me as independent as I can," and "I do a lot of my own, staff help me. I go to shop with staff, but staff wait outside, and I go in and buy what I need." A relative told us, "Staff are good at involving [relative] with decisions so they are aware of everything that staff are doing. They keep him involved. They have done a lot to maintain [relatives] dignity as he is a very proud person."

- The service promoted people to live as independently as possible. Staff gave us examples about how they supported people in certain aspects of their day to day activities which encouraged people to maintain their independence.
- Respect for privacy and dignity was at the heart of the service's culture and values. Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were at the centre of their care and support.
- The support plans we reviewed were detailed and contained information about people's likes, dislikes, specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were supported with to take part in activities, for example, shopping, meal planning, cleaning and cooking.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication plans in place. They described the person's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand and were complying with the Accessible Information Standard.

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

- One person told us, "The best thing about living here is making friends. I have a good relationship with one of the people who lives here. When new people move in I go and see them. Me and [person] have banter. We sit outside in summer."
- The service was responsive to people's social needs, and actively promoted the importance of social contact and companionship to enable a good quality life. People were enabled to follow a variety of interests and activities. Ideas were initiated by staff based upon people's interests.

Improving care quality in response to complaints or concerns

- There were systems and procedures in place in relation to complaints.
- People who used the service told us they knew how to complain if they were unhappy. A relative told us, "If I have ever had to raise any concerns [registered manager] has always been responsive in actioning them."
- The service had not received any complaints, but had received several compliments.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us, "[registered manager] is brilliant, they make me feel good."
- People were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the service manager and team leader on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- The provider had not conducted any recent surveys to gather people and relatives' views. We discussed this with the manager and they confirmed they planned to do this.
- The management team made themselves easily available to people using the service, relatives and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.
- The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.
- There was an open and honest culture in the service. People were complimentary about the registered manager.

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

- Quality monitoring systems were in place. However, improvements were required to make them more robust.
- There was a registered manager in post who provided leadership and support. We found the management team open and committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person centred care.
- The registered manager understood their responsibilities with respect to the submission of statutory notifications to CQC.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with clinical commissioning groups (CCG), social workers, mental health services and Sheffield local authority