

Lifeways Community Care Limited







Kingdom House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires Improvement 		
Is the service effective?	Good 		
Is the service caring?	Good 		
Is the service responsive?	Good 		
Is the service well-led?	Good 		

Overall summary

The inspection was announced. This was the first inspection of this service which was registered in February 2014 and became operational in July 2014. Kingdom house is a re-ablement and respite facility designed for adults with learning disabilities, those on the autistic spectrum, physical and sensory impairments, mental health issues and complex needs.

The service can accommodate eight people. Two people were living there at the time of our inspection.

There was a registered manager at the service but he did not manage the daily running of the service. This role was undertaken by a manager who was not yet registered. 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. The registered manager told us that the intention was for

Summary of findings

the current daily manager to become registered with the CQC in the near future and they would be submitting an application. However, the registered manager was still responsible for the service during this transition process.

There were areas of the service that were not safe. Outstanding repairs of the premises meant there was a risk people's safety. We identified that one person required particular attention to maintaining the safety of their environment but the hazards we saw did not support this. This meant the requirements of the regulations relating to safety and suitability of premises were not being met. The manager informed us he would ensure these were rectified as soon as possible. You can see what action we told the provider to take at the back of the full version of the report.

We saw good practice with medicines where information was clearly recorded about any effects of medicines people took with clear guidance as to when these were required. However, the medicines audit process required improvements to ensure it was sufficiently robust to identify any errors or discrepancies.

There were detailed risk assessments in place which tailored to each person's needs. These gave clear guidance about how to promote people's independence in a safe way. Staff had training in safeguarding and knew how to identify and report abuse. The manager had oversight of all incidents and made referrals to appropriate organisations where required.

There was a sufficient amount of staff to meet people's needs and photos on display to show each person which staff were supporting them. We saw positive and friendly interactions between people at the service and staff. Staff were aware of people's preferences and how they liked to be supported and this information was reflected in person centred support plans.

Recruitment processes ensured that staff were checked and assessed as being suitable to work at the service

Support plans contained detailed information about people's healthcare needs. Health action plans and hospital passports were in place and assist healthcare professionals to meet people's needs. People were assisted to health care appointments so that people were supported to maintain good health.

Staff received a structured induction and training designed to equip them with the skills and knowledge required to support people using the service. The induction incorporated training about the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards. Regular supervisions took place and staff felt supported in their roles.

People regularly accessed the community and the manager had promoted community links with a local shop. Activities were encouraged and people were supported to participate in these as well as seek new opportunities.

There was a comprehensive audit process undertaken at the service, both by the manager and the provider in order to continuously monitor the service. Team meetings took place on a regular basis and feedback was sought on an individual basis from people using the service and relatives. The manager was intending to implement service user meetings and relatives meetings going forward. Incidents were monitored and had oversight from the manager who made referrals on to other organisations and agencies where required.

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?

There were areas of the service that were not safe. Outstanding repairs of the premises meant there was a potential risk people's safety.

There were detailed risk assessments in place which were specific to each person at the service. Staff knew how to identify and report abuse. There were clear guidelines in place as to when people required their medicines however the audit process had not identified minor discrepancies.

There was a sufficient amount of staff to meet people's needs. Recruitment processes ensured that staff were checked and assessed as being suitable to work at the service

Requires Improvement



Is the service effective?

The service was effective. Support plans contained detailed information about people's healthcare needs. Health action plans and hospital passports were in place and assist healthcare professionals to meet people's needs.

Staff received a structured induction and training designed to equip them with the skills and knowledge required to support people using the service. Regular supervisions took place and staff felt supported in their roles.

There was guidance and policies in place relating to the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards DoLS and received training in this.

Good



Is the service caring?

The service was caring. Observations showed that support was provided in a caring way and staff took time to build relationships with people. People were promoted and encouraged to maintain their own independence.

Advocates were available to people using the service to ensure they were fully supported to express their views

Good



Is the service responsive?

The service was responsive. Staff responded to people's needs and were aware of the way in which people communicated their needs.

Information was in place about people's preferences and backgrounds in order to provide person centred support. People's support plans were amended in response to any changes in need. Staff told us that they were informed of these changes during staff handovers.

Activities were provided to meet the differing needs of people living at the service. People were actively encouraged to participate in these.

Good



Summary of findings

Is the service well-led?

The service was well-led. The manager described by staff as supportive and hands on. There were opportunities for people to be fully involved in their support and influence the service.

Regular team meetings took place in which good practice was identified, shared and encouraged. Staff were kept updated about information relating to the service could contribute to how it ran.

Systems were in place to ensure that the quality of the service was continually assessed and monitored. The manager had oversight of all incidents and made referrals to appropriate organisations where required.

Good



Kingdom House

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the quality of safety of the service, and to provide a rating for the service under the Care Act 2014 as to whether the service was safe.

This inspection took place on 5 November and was announced. The provider was given 24 hours' notice because the location is a small facility for younger adults who may have been out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors. Prior to our inspection, we looked at information we currently held about this service. We spoke with the local authority safeguarding team for information about their involvement with the home.

As part of the inspection we spoke with both people who lived at the service. We spoke with their relatives via telephone. We spoke with the manager, the deputy manager, a team leader and a support worker. We spent time in communal areas and observed staff interaction with people.

We viewed a range of records about people's care and how the home was managed. These included the care records for both people who lived there, the recruitment records for four staff members and various audits that were undertaken.

Is the service safe?

Our findings

People using the service did not voice or express to us any concerns or worries with regards to their safety at the service. Prior to the inspection, we spoke with one relative who had concerns that incidents and allegations were not followed up appropriately by the service. We did not find evidence to support this to be the case. Another relative we spoke with had no concerns about the safety of their family member.

There were two floors in the premises with each person who used the service living on a separate floor. Staff had undertaken and documented various safety checks which included vehicle maintenance, hot water, first aid kit and equipment. There was a 'hazards record/repairs log in place'. In this log we saw several entries recorded for the first floor at the service which were still outstanding. These were documented on 12 October 2014 and referred to areas for attention which included the lighting, radiator covers, door handle cover and plastering and painting in several areas.

Each person had a care plan in place for 'safety in the home'. We saw that the person who lived on the first floor sometimes exhibited behaviour which could result in physical damage to the environment and also risked their own safety. The care plan set out guidance about how the person was to be supported to be safe and secure. It contained information that said the service would need to be 'constantly flexible and review the environment and objects within it to ensure that it is safe'. It stated that vigilance should be taken for possible risks and hazards.

When we looked around the first floor we saw some areas that required attention including, and in addition to, what was documented in the hazards record/repair log from October 2014. There were exposed areas and damaged plaster on walls and around the doors as had previously been identified. Radiators were exposed with no covers on them. One action in the care plan was to ensure radiator covers were screwed down so they could not be removed. The toilet cistern was damaged and we saw loose blind pulls in the bathroom that were a potential safety risk for the person who lived on that floor.

We discussed our observations and showed areas of concern to the manager who told us that a previous handy

person whom they used for repairs had not been reliable. He said they had identified a new company who would now be responsible for completing any repairs in future and that these would be scheduled in for completion.

Our findings demonstrated that the premises were not adequately maintained to ensure the person was not at risk. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff supported people by administering their medicines where they were unable to manage these themselves. One relative we spoke with said of their family member, "Their medication's all locked up as they need help from staff with this. Never been any problems." Team leaders and managers were responsible for administering medication and we saw evidence that team leaders had completed a medication awareness training course which included observations to ensure they were competent. The training matrix also included information of night staff members who had undertaken this training to ensure people were able to have medicines when required. The manager told us that it was planned for all staff to eventually undertake medication training.

We looked at people's medicines and associated documentation. We saw that people's medication administration records (MAR) charts were completed with no gaps. Where medicines were to be given as 'prn' (as and when required), staff had recorded information about the amount given and the reason for administering. There was detailed guidance in place for staff to be aware of for when prn medication may have been required. This meant there was clear rationale as to why medicines had been administered which helped to promote safe administration and avoid inappropriate use.

We spoke with a team leader who told us they undertook 'informal' audits of medicines on a weekly basis but did not document these. They told us that team leaders and the manager booked medicines in and did checks to ensure they were correct and old stock was returned. They were not aware of any other audits undertaken. We saw weekly audits of medicines that had been completed by the deputy manager. The audit form said that these needed to be checked on a monthly basis by the service manager. However, we found the manager had not signed off the medicines audits we looked at. We checked a sample of four medicines and identified two minor discrepancies with

Is the service safe?

amounts which had not been identified via the audit process. For example for an analgesic we counted 47 tablets but records showed there should have been 48. We fed this back to the manager to ask them to consider reviewing their current system to ensure it was sufficiently robust and understood by all relevant people.

With permission, we looked in each person's bedroom and saw that they were tailored to suit the person's own preferences. One person said, "I like it, it's my home, my pad." This person had their own set of keys to their room and lockable storage was in place in their room for personal possessions.

There was a suitable amount of staff present to help keep people safe and to meet their needs, with each person being allocated a set number of staff to support them. We looked at staffing rotas and a weekly 'who's supporting who' planner which gave guidance to account for people's preferences of support worker where possible whilst ensuring fairness. There was a named photo of each person working that day and night on display on each floor of the home so people were able to see who would be supporting them.

We looked at the recruitment records of four support workers. Each person had an application form in place with details of their previous employment recorded, accounting for any gaps in employment. There was evidence of satisfactory DBS (Disclosure and Barring Services) checks. DBS checks assist employers in making safer recruitment decisions by allowing them to check whether employees and potential employees have any criminal record. The DBS also manages lists of individuals who are barred from working with adults. This showed that the service had procedures in place to ensure that the risks of appointing unsuitable staff were minimised.

We looked at both people's care records and saw detailed individual risk assessments in place. These were designed to manage identified risks, with a view to promoting independence as safely as possible. These covered a number of areas and accounted for a number of circumstances. For example there were assessments about

how to manage the failure of a person to report they were ill and the risk of a person becoming low in mood. Where one person liked to help cook there was an assessment in place about how to manage the risk of food not being cooked correctly.

Practical guidance was in place for staff to follow. This included information such as when the risks may be more likely to occur and actions that should be taken to keep the person and other people safe. We saw instances where risk assessments had been updated to accommodate any changes when the need for these had been identified.

We noted that one person's risk assessments had an instruction that they be reviewed each week for a month since being compiled in July 2014. After this period, they were to be reviewed monthly. However, there was no evidence that this had taken place and the assessments showed a date for review of 25 August 2014. We queried this with the manager who said the person who had written the assessments, who worked as part of a specialist team within the company, had seen the assessments recently and they were still relevant. However the manager acknowledged that reviews had not formally taken place as instructed but were on his schedule of tasks to complete which we saw.

Staff had received training in safeguarding as part of their induction which we saw evidence of in the service's training matrix. Staff we spoke with were able to explain different types of abuse and what action they would take to report any suspected and/or witnessed abuse. There was a safeguarding policy in place with clear guidance of what action staff should take. We spoke with the local authority safeguarding team who told us of arrangements in place that the service followed which they used to investigate any allegations of abuse. We saw that any disclosures and incidents had been documented by staff on incident forms which were overseen and regularly monitored by the manager. Any referrals that were required arising from incidents had been made to other organisations where needed, for example to the local authority safeguarding team and/or to the Care Quality Commission.

Is the service effective?

Our findings

Both people's support files contained detailed information about, and had a specific section relating to, health and wellbeing. Each file also contained a Health Action Plan; these are recognised good practice documents which ensure that people with learning disabilities access a range of services to meet their health needs. There was a 'hospital passport' in place for each individual which contained clear, accessible information for healthcare professionals to enable people's needs to be met should they need to be admitted to hospital. For example, one person's contained information for hospital staff about a specific way they would require their meals to be provided.

Information and respective support plans were in place about individual health issues, how these were to be managed and how good health was to be promoted and maintained. These related to both physical health and mental health. We saw people were involved with and referred to other health services where required. For example, one person had been referred to a learning disability service for people who were visually impaired. This ensured that a holistic approach was undertaken with regards to managing people's health needs

There were plans in place for eating and drinking which included information about how people were to be supported to receive good nutrition. People at the service were encouraged to be involved in meal preparations and all aspects relating to their nutrition where appropriate. Information about people's favourite foods, drinks and their dislikes was recorded in their support plans.

Staff assisted people to any health appointments where these were required. One relative told us, "They [staff] called and said he had been to the dentist, what he's had done and when he has next got to go. They fill us in on things."

There were specific detailed plans in place for behaviour which may challenge others and how this was to be managed in the least intrusive and restrictive way. These gave information about potential triggers and listed strategies in place for staff to try to minimise any challenging behaviour. For example, one person was known to sometimes get upset when they did not have a favourite food available so staff were aware of the importance that this was in place. Individual plans

contained descriptions of signs of agitation so that staff could spot any potential challenging behaviour and try to diffuse this before it escalated. Our conversations with staff, and observations on the day, showed they were able to effectively manage people's behaviour, where required, in a calm way and by use of distraction techniques.

Staff told us they undertook a two week induction in order to equip them for their roles which we saw evidence of. Most of the staff commenced employment at the same time when the service became operational which meant they had completed their induction together. One staff member said this had been good as they felt very much part of a team. Staff were very positive about the induction and training they had received. One staff member said, "The training gave great insight and background." As part of the induction, the support plans of the two people currently living at the service were disseminated for discussion. Staff said they had found this very useful and beneficial. One staff member told us, "It was really good to talk about, and hear, different viewpoints and perspectives of the people from their support plans". They said this had put emphasis on the people who they were there to support.

Staff told us of some of the training they had undertaken. This included training courses in restraint, epilepsy, autism awareness, Makaton, acquired brain injury and challenging behaviour. This training helped equip them with skills and knowledge to be able to meet the needs of the people living at the service. The manager provided us with a copy of the training matrix in place which confirmed the training undertaken by staff as well as detailing and monitoring further training that staff could undertake. We saw in team meeting minutes that training was discussed as a topic and staff were encouraged to complete additional training. Staff told us they felt supported in their roles and received regular supervisions and we saw a matrix where these were recorded. Supervisions are discussions with staff to ensure they receive regular support and guidance in their roles.

The Mental Capacity Act (2005), (MCA), is a legal framework which prompts and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make some, or all decisions for themselves. The basic principle of the act is to make sure that, whenever

Is the service effective?

possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom.

Conversations with staff and records confirmed that they had knowledge and understanding of the Act. MCA and DoLS were included as part of the induction program and the service held clear policies in place about these. Full training in MCA and DoLS was also on the training matrix as a course to be delivered to staff as a standalone subject to ensure they had a comprehensive understanding of this.

Is the service caring?

Our findings

One person we spoke with at the service said all staff were good. They said of one staff member in particular, “[Name] is a good ‘un, I really get on with her.” The other person was limited in their verbal communication and with a smile on their face personally introduced us to each of their support workers that day. Throughout the inspection we heard good natured banter and interaction between people who lived at the service and their support workers. Staff were kind and compassionate in their interactions. A relative we spoke with said of their family member, “He’s quite happy, gets on with staff. They’ve done really well and I think we’ve turned a corner.” The relative explained that some other services that their family member had used “had not been able to cope.”

Our observations of people at the home during the inspection showed they were relaxed and comfortable in their interactions with staff members. We saw that staff used communication styles tailored to each person’s needs which meant people were able to express themselves in a way that could be understood. For example, one person at the service used Makaton. Makaton is a language programme designed to support spoken language using signs and symbols to help people to communicate. Training was provided to staff in Makaton to ensure that they had the skills to communicate with this person. We saw that when staff spoke with each other, they included the people they were supporting in any conversations.

Staff had time to build positive relationships with people and engage with them on a level in which they would be interested. For example, staff could provide detailed

information about a person’s background and their likes and dislikes. People’s preferences were accommodated where possible with respect of people who supported them and each person had a ‘choosing my support team’ document in place.

Equality and inclusion was included as part of the induction program that all staff completed and staff were able to speak about how they maintained people’s dignity and treated them with respect. Observations on the day supported this. For example, people were asked for permission before accessing a person’s room and asked by staff prior to offering any assistance. Comments to people were respectful and appropriate.

We saw that people were offered choices throughout the day, for example about what they wanted to eat, what they wanted to do, what they may want to watch on the TV. When people were assisted with and encouraged to perform tasks, explanations were given by staff in a way that the person could understand.

Both support plans we looked at contained detailed person centred information about each person’s likes, dislikes, preferences, social history and backgrounds. This meant the service made information available to provide person-centred care and support.

One person had an advocate who attended the service on a regular basis to see them. An advocate is a person who speaks up for someone and acts in accordance with their wants and wishes. The manager and staff were able to accommodate people being supported to access such services where these may be requested or required by people.

Is the service responsive?

Our findings

Throughout our inspection we saw that staff responded to people's needs and encouraged people to maintain their independence. We heard a staff member encourage a person to tidy their room and supported them to do this. The person had an activities planner in place as they liked to have structure as to what they did each day which staff supported them to follow. The person was encouraged and supported to keep their own records of what they had done each day on their own computer.

Another person liked to know which staff would be supporting them and in response to this, staff photos had been displayed so they were able to tell which staff would be working each day.

Staff told us that they were informed of any changes to people's needs during handover meetings which took place between each shift. This allowed them to continue to provide consistent support to people to ensure their needs were met. They said they would read daily notes from the previous shift so they were aware of how the people had been and any specific support they may require.

Support plans were detailed, person centred and contained clear information about people's needs and how they were to be supported to achieve these. Individual support plans were split up into short, medium and long term goals. Plans were reviewed and amended regularly and in response to any change in needs. There was evidence of people being involved in and consulted in changes that were made.

A relative told us ways their family member was supported with their mobility when out and about as they had sometimes got tired over extended periods. They told us staff had recognised this in the person and made

provisions for this which meant they were still able to access the community and trips out. Another person who lived at the home was discovered to become distressed when using some forms of public transport. The manager and staff had made changes with regards to the support they needed in terms of their transport. They had reviewed and updated the person's risk assessments and the service now had its own vehicle for use to transport people living there. This change allowed the person to continue to access activities and appointments in a way that reduced their anxiety. The manager and staff told us that they would pick up on any changes in a person and make adjustments in support where this was required.

People and staff told us about various activities that people at the service participated in. One person liked to have a weekly planner in place, displayed in their room which had tasks and prompts recorded for each day. They told us they liked to go swimming and this was an activity they regularly undertook. They had also attended karaoke at a local club in the past. The manager told us how they were intending to contact a local dog kennels to see if they could facilitate one person to be involved with some dog-walking as they had discovered this was an interest they had. Both people were supported to access various services and spend time in the community and maintain family links.

The service had a complaints procedure in place and complaints had been dealt with appropriately by the manager. One relative told us, "[My family member] has never complained about anything there and we've got no complaints." We saw one complaint that had been made formally by another relative in October 2014. The manager had investigated this and an outcome letter was sent to the complainant advising of avenues they could pursue if they were dissatisfied with the outcome.

Is the service well-led?

Our findings

We saw positive interactions between the manager and both people using the service during our inspection. Comments from relatives about the manager were mixed. One felt that they did not receive sufficient feedback whereas another was satisfied telling us, “We just ring up and speak to [manager] if we need to. We’ve always seen him when we go over there.”

Staff we spoke with were positive about the management of the home and felt supported in their roles. One comment was, “I like it here, I get on with everybody and we’re a good team”. One staff member told us about the manager, “He’s a good manager” and said they felt the service was well led. Conversations with the manager showed it was evident he was very knowledgeable about the people at the service and their support needs. One staff member said of the manager, “He’s really up on [name]” when talking about his knowledge of a specific person at the service.

The manager informed us that people living at the service and staff had built up positive relationships in the community and particularly with a local shop. He told us that both people visited regularly and the manager had worked with the staff at the shop to reassure them with regards to any behaviour that may challenge others that the people may display. The manager said that the shop staff “have been lovely with [both people using the service], very understanding and very supportive.” This showed how the service sought to actively integrate people into the community in a proactive way by sharing information and understanding between key people. The result of this was that people would have confidence to go about their daily activities.

We saw minutes of team meetings from October and December 2014. The minutes we saw were detailed and covered a number of areas in depth including health and

safety, staffing, training and staff development and good practice relating to supporting the people who lived there. In the minutes from October we noted some support staff had requested training in medication in addition to the team leaders who currently administered medicines. As a result of this, the manager was facilitating training for all staff in medication which showed that ideas and suggestions were taken into consideration and acted upon to improve the service.

There were effective systems in place for monitoring the quality of the service being provided. An initial audit was undertaken by the provider’s quality team in October 2014 which we saw a copy of. This was very comprehensive and assessed the quality of the service in detail and in a wide range of areas. There were clear actions documented where these had been identified with clear guidance as to who was responsible for completing any actions and a time by which these should be completed. This audit had achieved an assessment of ‘good’ for the service.

In addition to this, the manager completed a monthly audit called a ‘service manager’s workbook’ which was similarly detailed and encompassed a wide range of areas. Actions identified were followed up and checked for completion at the next audit.

As the service had only begun to accommodate people in July 2014, no quality assurance surveys had been completed. Subsequent to our inspection, the manager informed us that the provider’s Customer Satisfaction Surveys titled ‘How are we doing?’ were soon to be completed with the people living there and sent to their relatives. He informed us that the service intended to incorporate meetings for people living there once more people arrived. Currently, feedback was sought from people on a one to one basis.

The manager was aware of and understood the responsibilities of submitting notifications in line with the criteria set out in the Health and Social Care act 2008.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>How the regulation was not being met:</p> <p>People were not protected from the risks associated with unsafe or suitable premises as some areas had not been adequately maintained.</p>