

Lifeways Community Care Limited

Kingdom House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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. Four people were living there at the time of our inspection.

This inspection took place on 10 November 2015 and was announced. The provider was given 24 hours' notice of our inspection because the location was a small home for people who may be out during the day; we needed to be sure that someone would be in.

The service was last inspected in November 2014 and was given an overall rating of 'good' with the domain of safe being rated as 'requires improvement.' This was due to a breach of regulation 15: Premises and equipment.

Summary of findings

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

Outstanding repairs of the premises since our last inspection had been completed. Health and safety audits of the premises were routinely undertaken to ensure the environment was safe for people.

We saw that stock levels of people's medicines corresponded with their medication records. There was clear information in place about medicines that people took. Guidance for 'as required' medicines was not consistently applied as there was a lack of information for some people to help inform staff as to when they may require these. Regular audits were completed which identified and addressed medicines errors.

There were detailed risk assessments in place for each person's needs which gave 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 registered 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. Feedback from relatives and professionals was positive

about the staff and how they cared for the people they supported. Staff were knowledgeable about people's preferences and helped people to maintain activities they enjoyed and access the community.

Health action plans and hospital passports were in place to assist healthcare professionals to meet people's needs. People were assisted to health care appointments and supported to maintain good health.

Recruitment processes ensured that staff were checked and assessed as being suitable to work at the service. Staff records we checked showed staff had appropriate, necessary documentation in place. Staff received an induction and training designed to equip them with the skills and knowledge required to support people using the service. They received regular supervisions and felt supported by the registered and deputy manager.

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 service was working within the principles of the MCA and we did not see that anyone was subject to unlawful restrictions.

There was a comprehensive audit process undertaken at the service, both by the registered manager and the provider in order to continuously monitor the service. Team meetings took place on a regular basis and feedback was captured on an individual basis from people using the service, relatives and stakeholders. 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?

The service was safe. There were risk assessments in place specific to each person at the service and safeguarding procedures for staff to follow. No one expressed any concerns about safety.

Arrangements were in place for the safe storage, administration and disposal of medicines however we saw some inconsistencies in information.

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

Good



Is the service effective?

The service was effective. Support plans contained information about people's healthcare needs. Staff supported people to maintain good health.

Staff received 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.

The service was working within the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. Observations showed that support was provided in a caring way and staff were respectful in their interactions.

Feedback from relatives about how their family members were cared for was very positive.

Good



Is the service responsive?

The service was responsive. Staff responded to people's needs in a way that suited their communication style.

Information was in place about people's preferences and backgrounds in order to provide person centred support. Changes to people's needs were reflected in their care plans where they had been identified.

People were encouraged and supported to continue personal hobbies and to access the community.

Good



Is the service well-led?

The service was well-led. We saw that registered and deputy manager interacted positively both with people using the service and with staff.

Regular team meetings took place and staff said they felt supported by the management team.

Systems and audits 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.

This inspection took place on 10 November 2015 and was announced. The provider was given 24 hours' notice of our inspection because the location was a small home for people who may be out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector and one inspection manager.

We did not ask the provider to complete a Provider Information Return (PIR) as part of this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a re-rating inspection and one was not requested.

We contacted the Local Authority for any information they held about the service. We also contacted Healthwatch

who did advised they not hold any information about Kingdom House. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We requested information from two social workers and an independent advocate involved with people at the service and received feedback from all of these.

We also checked any information we held about the service such as statutory notifications or concerns we had received. This information was reviewed and used to assist with our inspection.

During our inspection we used different methods to help us understand the experiences of people living at the service. These methods included informal observations throughout our inspection. Our observations enabled us to see how staff interacted with people and see how care was provided.

None of the people who lived at the service chose to spoke with us. We spoke three relatives of people by telephone. We spoke with the registered manager, the deputy manager and two support workers. We reviewed the care and medication records of the four people who lived at Kingdom House, two staff recruitment records and other various records relating to the management of the home.

Is the service safe?

Our findings

We observed people at the home and saw they were relaxed and comfortable in their interactions with staff members. No-one expressed any to us any concerns with regards to their safety.

One relative told us they had, “Never seen anything bad or heard staff say anything wrong in all the time [my family member] has been there” and that their family member was “very safe”. Another relative said they no longer worried about their family member now they were at Kingdom House. They told us, “I don’t worry about him at all now.” A third relative told us they had, “No concerns at all.”

At our last inspection we found that the service was in breach of regulation 15; premises and equipment, as the environment on the first floor contained risks to the safety of the person who lived there at that time. Following that inspection, the registered manager contacted us to inform us that outstanding repairs to the environment had been completed. At this inspection, we were able to confirm this. We did not see any current risks to people’s safety in the premises.

We saw that a window was boarded up on the ground floor. The registered manager said this was due to an incident where it had been recently damaged by a person at the service. They told us new glass had been ordered and we saw this recorded in the service’s repairs log. The log also included other recent entries where minor remedial work was required, for example a broken light and loose door hinges. We saw that actions were taken to follow these up and rectify any areas for repair when these were identified.

We found that a general risk assessment of the premises had last been undertaken in May 2015 with a view to minimise any potential risks throughout the service. There were regular checks undertaken in a number of areas which included; hot water checks, legionella prevention, emergency lighting, fire alarm checks, electrical testing and monthly fire drills and evacuations.

Three people at the service took medication which they required the assistance of staff to administer. We saw that medication administration records (MAR) were completed correctly with no gaps. There was clear information in place to state what medicines people took, what the side effects were and safe dosage instructions.

Some medicines were prescribed ‘as needed’ however information was not always consistently clear as to when these should be administered. For example, one person took a medicine for ‘agitation’ and clear specific guidance was in place stating how the person presented with agitation and steps to take prior to administering the medicine. Another person did not have such guidance recorded as to how they would present with agitation but a staff member we spoke with was able to describe this. Without clear instructions for such medicines, there is a risk people may receive them as needed. The registered manager told us they would ensure relevant information was recorded for each person.

Each person had a risk assessment in place which determined the level of support they each needed with their medicines. One person self-administered their own inhaler but no separate risk assessment was in place for this. The registered manager told us they would ensure one was completed.

We checked a sample of four medicines and found that the stock levels corresponded with what was recorded. Audits were completed on a weekly basis and we saw that these were effective at identifying any shortfalls and putting actions in place to address these. For example, when a recent medication error was made, the person’s GP was contacted for medical advice and the staff member was removed for administering medication until they had completed their training again and had been reassessed as competent.

No one at the service used any medicines that required refrigeration. Daily temperatures were taken of the medication room and we saw these were within recommended safe ranges. A staff member told us, and we saw, the controlled drugs cupboard did not lock correctly and the registered manager told us they would get this replaced. One person did take a medicine that was classed as a controlled drug. We saw this stored in a locked container within the locked medicines cupboard, in the locked treatment room. The deputy manager told us she had sought advice from the service’s supplying pharmacist who had advised that the current means of storage were acceptable.

There was a sufficient amount of staff present to support people at the service. We saw that staff were present throughout the home on both floors. Staff we spoke with

Is the service safe?

told us that staffing levels were suitable and they were able to manage in their roles. One staff member said, “We all help each other out.” A relative told us that when they attended, “There are always staff present.”

The service was currently in the process of recruiting two support workers. The registered and deputy manager told us they did not use any agency staff and they were able to get cover for absences. They operated an on call system so that staff had access to support outside of times when the managers were present.

We checked the personnel files of two employees. We saw each staff member had a Disclosure and Barring Service (DBS) check in place. DBS checks help employers to make safer recruitment decisions. We also saw that each staff member had other relevant documentation in place with reference to their suitability. This included an application form which provided details of their previous employment, interview notes, health questionnaire and employment contract. Each employee had two references in place from their previous employers. These had also been obtained prior to the staff members starting their employment. Staff we spoke with confirmed this process. This demonstrated that recruitment procedures were effective in assessing the suitability of new staff prior to commencing employment at the service.

We saw people’s care records had 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 accommodated the differing needs for people who used the service. There was a system in place where people required support to manage their finances to ensure these were handled safely and a full audit trail was available.

Staff received training in safeguarding which we saw evidence of in the service’s training matrix. Staff 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 guidance of what action staff should take. At the time of our inspection, the local authority were not investigating any safeguarding matters and we saw that past safeguarding incidents had been referred to the local authority for consideration and to the Care Quality Commission where required.

We saw a body map in place for one person which documented a small area of bruising. No other details were recorded about this. The deputy manager confirmed that this should have been followed up at the time. Following the inspection, we spoke with the deputy manager who confirmed that she had looked into this and believed it was due to how the person moved on a seat when they became excitable. Actions had been taken to reduce this from happening in future. They told us that it had been reinforced to staff about the necessity to escalate such information in future.

Is the service effective?

Our findings

People's care records 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..

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 and professionals where required. This included GPs, nurses, social workers, consultants and psychiatric services. This ensured that a holistic approach was undertaken with regards to managing people's health needs. Staff assisted people to any health appointments where these were required.

However, we saw in one person's records that guidance was not always being followed and responsibilities for staff were unclear. For example, the person's support plan recommended a fluid level they should achieve each day to promote their health. We saw that this was not always monitored and there was a lack of information about what actions to take should the person not meet the required level. We fed this back to the registered and deputy manager who told us they would ensure clear guidance was in place and that staff were aware of their responsibilities.

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 choosing and shopping for ingredients. Information about people's favourite foods, drinks and their dislikes was recorded in their support plans and people were encouraged to partake in a healthy balanced diet.

Staff told us they completed an induction on commencement of their employment in order to equip them with the training for their roles. Most of the staff

commenced employment at the same time when the service became operational which meant they had completed their induction together. The registered and deputy manager told us they had commenced inductions for new staff in line with the care certificate which was introduced in 2014. Staff told us they found the inductions useful and meaningful for their roles.

Staff completed a variety of training which was updated as required. The registered manager provided us with a copy of the training matrix. The majority of staff were up to date and current with their training and it was identified where training needed to be updated and refreshed for individual staff. Training was delivered in the areas of safeguarding, fire safety, first aid and medication amongst other subjects. Further training was provided in more specialist areas which included autism awareness, epilepsy, acquired brain injury and challenging behaviour. This training helped equip staff with skills and knowledge to be able to meet the needs of the people living at the service.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff told us they felt supported in their roles and received regular supervisions and appraisals. One staff member said staff could request 'instant' supervisions if they felt they wanted one and would not have to formally wait for a pre-planned meeting.

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. The application 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

Is the service effective?

being met. We saw that where people required DoLS to be in place, these were present or in the process of awaiting a decision. We did not see anyone subject to any unlawful restrictions at the service.

Staff received training in the MCA and DoLS and there were policies in place covering this legislation. Staff knowledge in this area varied with regards to how the legislation applied. Three people's care records contained information

about people's capacity and their ability to make decisions in various aspects of their care and treatment. One person's care plan contained a lack of information about their capacity. Although staff were able to describe areas where this person could make their own decisions and may lack capacity, this was not reflected in their care records. The manager agreed to ensure that such information was incorporated.

Is the service caring?

Our findings

Although we asked and provided opportunity for people, no one at the service chose to speak with us. One person was not able to communicate verbally due to their complex needs. We spent time undertaking informal observations of the support provided by people and how they responded to staff.

Throughout the inspection we saw positive interactions between people who lived at the service and the staff. The registered manager spent time speaking with one person in the lounge. We saw this person spend time chatting with other staff and in the manager's office speaking with the registered manager, deputy manager and quality manager who was present on the day of our inspection. We saw the quality manager had their lunch with a person at the service they had not yet met. Staff spent time chatting with people and were kind and caring in their approach. There was a relaxed environment at the service and people had the choice to spend their time how they wanted.

The relatives we spoke with were very positive about the service and how their family members were supported and cared for by the staff. One relative said of the staff and their family member, "He loves it there. The staff are so nice, they're lovely with him, they really are great. We like visiting too, it's nice for us to see the staff." They told us that staff also spoke positively about their family member, "They [staff] say he's great." The relative said that after visits to their home, on return to Kingdom House their family member shouted on entering "I'm home." We saw further positive feedback on display in the home from this relative.

Another relative we spoke with said of their family member, "He has really flourished since he's been [at Kingdom House]. He seems very happy there" and "I'm so happy he's where he is now. Staff are genuinely nice and he says he gets on with everyone. I'm delighted, he's blossomed." They told us, "It's got a nice atmosphere about the place." Another commented that all contact they had with the staff had been "fine" and "good".

Professionals gave positive feedback about how people were cared for. Two comments were that, "The staff have displayed person centred care" and that one person a professional was involved with, "Seemed settled and calm" at the service,

On both floors of the service, staff photos were displayed so people were able to tell which staff would be supporting them each day. Staff were able to build positive relationships with people and engage with them on a level in which they would be interested. A relative told us about a holiday their family member had recently been on. They said their family member went with, "A couple of the guys [staff] and they all got on really well." Throughout our inspection we saw that staff responded to people's needs and encouraged people to maintain their independence.

Staff were able to provide detailed information about each person's background and likes and dislikes. The registered manager spoke with one person at length and told us, "We have a lot of the same interests." Support plans we looked at contained detailed information about each person's social history and background. Each file also had a one page profile in place which provided a snapshot of important information about the person. This included information such as 'what I like', 'what's important to me' and 'how best to support me.' Staff signed confirmation in people's care plans to state that they had read these.

Observations on the day showed that people were treated with respect. Staff asked people's permission prior to assisting them and afforded people privacy where some people wanted to spend their own time in their rooms. Comments from staff to people were respectful and appropriate.

One person had an independent mental capacity advocate who visited them at the service. An advocate is a person who speaks up on behalf of a person and acts in accordance with their wants and wishes. Staff told us that several people's family members would also act as advocates where they required assistance to express their wishes.

Is the service responsive?

Our findings

We saw that staff were able to respond to people's preferences and communicated in a way to suit their needs and establish their wants. For example we saw one staff member was able to understand what a person wanted by interpreting their physical actions. A social worker for one person we spoke with told us that staff had made good progress communicating with the person. They said staff, "Have been picking up on things and also responding to triggers in [the person's] behaviour."

Relatives felt confident that staff responded to their family member's needs. Two commented that their family member had improved for the better since being at Kingdom House. One told us their family member was, "Quite calm. They [staff] talk with him if he gets agitated and calm him down." They said the person used to respond aggressively in the past and it was reassuring to be able to sit down with their own family member and spend time with them in a pleasant way. Another told us, "I've got every confidence in the way staff cater for [my family member's needs]."

A professional told us that following a recent meeting with the person they supported and other involved parties, agreed actions for the service to follow up had been acted upon. They told us they were "99% confident" that staff would pick up on things and follow these through. Another said that staff had been working hard to try and accommodate the needs of the person they were involved with. Staff had handover meetings between each shift change so that they were able to provide continuity of care and pass on important information about people.

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. It was not always clear however, the required frequency for care plans to be reviewed. There was evidence of people being involved in and consulted in any changes that were made.

Staff were able to provide information about difference activities and hobbies that people enjoyed and how they supported people to maintain these. On the day of our inspection we saw that one person was supported to see

their relative at home and two people went shopping with staff. One relative told us that staff regularly took their family member to see them and picked them up again which they found really helpful.

During the inspection, one person spent time listening to music and accessing social media. Staff, and a relative of the person, told us one person liked certain creative activities. Another relative said their family member liked to help out in the kitchen and liked to go shopping, "He always tells us what he's been doing." They told us they had mentioned in passing to staff about their family member going on holiday and that, "They [staff] sorted it." Another person had a specific interest and we saw that staff supported the person with this, such as attending events with the person and helping them with voluntary pursuits in this area. Various themed nights took place, for example Mexican night and we saw these advertised around the service.

Our findings demonstrated that people's social needs and mental stimulation were accommodated. People were encouraged and supported to continue personal hobbies and to access the community.

Some of the people at the home could display behaviour that challenged due to their complex needs. We saw that there were action plans and techniques in place for staff to try to manage this. Staff were able to tell us, and we saw examples, of how staff responded to reduce escalation where people displayed this. One staff member gave us an example of if one person was displaying agitation or anxiety, and was not receptive to the staff member supporting them, they would ask another staff member to try to reassure the person instead. The staff member said this worked well, particularly where people may have closer connections with certain staff members. Management and staff said that no one at the service required the use of any restraint.

The service had a complaints procedure in place. We saw that latest complaint from June 2015, which related to a noise issue, had been dealt with effectively and proactively. There were no current complaints at the time of our inspection. No one we spoke with as part of the inspection had any complaints to make about the service.

There were no formal feedback meetings in place, however relatives we spoke with told us they were able to, and would feel comfortable in giving feedback about the

Is the service responsive?

service. They said they felt their family members had opportunity to give feedback and that this would be acted upon. The service formally recorded feedback from relatives and stakeholders about the service and we saw nine recorded in 2015. All feedback was positive and complimentary about the service.

The quality manager told us about a focus group made up of different people using the services within the group and how this was used to influence changes at provider level. The registered and deputy manager told us they were looking at introducing 'tenants' meetings for people at Kingdom House which could be similarly used to influence the service.

Is the service well-led?

Our findings

There was a registered manager in post at the service. Since our last inspection, the deputy manager had taken over more responsibility of the operation of the home with the registered manager assisting several times a week. It had not been yet decided whether this arrangement would become more permanent.

We saw positive interactions between the registered manager, the deputy manager and people using the service. The management and staff team communicated effectively with each other. The registered and deputy manager stepped in to assist with direct support and supervision of people where required. The registered and deputy manager were able to describe people's needs in details and demonstrated sound knowledge of the people at the service. They also spoke positively about the staff team.

The staff members we spoke with told us they felt there was good management in place and that they felt supported. One staff member commented that the management team, "Make it easy for me to talk to them." Another said, "I like it here, I get on with everybody and we're a good team".

Relatives told us they could always contact the registered or deputy manager if they needed to speak with them or required information about the service. One relative said about Kingdom House, "We've found the right place" after talking about a previous service they had been displeased with. Another relative said of their family member that they were a "lot happier they're in Kingdom House" in comparison to an earlier service the person had lived in.

A social worker of a person told us they were pleased with Kingdom House who were doing well with the person they supported. They said that the person was moving on to more independent accommodation and that staff from Kingdom House had worked with the new provider to ensure a smooth transition. Another professional told us

the deputy manager had been, "Transparent, open and informative" and had addressed queries promptly. All the professionals we received feedback from said communication was good.

There were effective systems in place for monitoring the quality of the service being provided. The quality manager who worked for the provider was at the service undertaking an audit on the day of the inspection. They told us about their role which included quarterly monitoring of all areas of the service. This included visiting and speaking with people, staff and reviewing records. They told us how audits were used to identify shortfalls and drive improvement. Annual satisfaction surveys had not yet been sent out and the quality manager and registered manager told us these were due to be sent in the forthcoming weeks. We did see evidence that feedback was captured from relatives, people and stakeholders continually.

The quality manager said they were confident in how Kingdom House was managed and that it had a very person-centred approach. They said the registered manager would always seek advice from them if needed.

At service level, we saw that the registered and deputy manager completed a monthly service manager's workbook. This was a comprehensive document which covered all aspects of the service. For example, training, safeguarding, medications, audits and incidents. Completion of this generated a monthly action plan to address any areas for improvement. This was monitored higher up by the quality manager. We saw that for 2015, according to the workbook, the service had been rated at least 'very good' each month.

Staff told us they had regular team meetings. These included updates about people at the service, other relevant information and were an opportunity for staff to bring up any issues. We saw minutes of the most recent meeting from October 2015 which had been undertaken on several separate dates to ensure that all staff were able to attend.

The registered 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.