

Lifeways Community Care Limited

Kingdom House

Inspection report

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Sheffield
South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Kingdom House is a care home. The service provides support to a maximum of eight people in one adapted building. At the time of our inspection there were five people using the service.

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

Based on our review of key questions Safe and Well led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

The model of care and setting maximised people's choice, control and independence. Systems in place protected people from abuse and improper treatment. Risks to people were assessed, monitored and managed safely. However, some environmental risks were not always assessed and identified in a timely manner. This needed imbedding into audit and governance systems so they were not missed.

People achieved good outcomes that effectively met their health, social and emotional needs. Staff had the necessary skills, and experience to meet people's needs. People's medicine support was managed safely. However, some minor improvements were required in this area.

Right Care

Care was person-centred or delivered in a way which promoted people's dignity, privacy and human rights. Staff offered people choices when supporting them with such things as activities and meals.

Right Culture

People spoken with told us staff were extremely kind and caring. Relatives spoken with were positive about the care and support provided. Staff we spoke with understood people's needs and described how they respected their dignity.

There were quality assurance systems and processes to audit service performance and the safety and quality of care. Where checks and audits were carried out, they had not always identified shortfalls at the service.

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 17 May 2018).

Why we inspected

We received concerns in relation to the management of the home, staff understanding of risks to people and the quality of care provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Since the concerns were raised there has been a permanent manager in post who has started to address the shortfalls in the quality of the service, detailed in this report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kingdom House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kingdom House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingdom House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection the service manager in post had applied to register with CQC.

Notice of inspection

This inspection was unannounced.

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 (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives on the telephone about their experience of the care provided. We spoke with six members of staff including the area manager, service manager, a team leader and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records, multiple medication records and social activity records. We looked at a variety of records relating to the management of the service, including policies and procedures and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had systems in place to manage risks to people.
- Environmental risks were not always assessed and identified in a timely manner. For example, one bath chair had not been checked to ensure it was safe to use. We found no evidence that this had a negative impact on people and immediate action was taken by the manager.
- Systems were in place to ensure people were evacuated safely in the event of a fire. People had a personal emergency evacuation plan (PEEP) in place, which identified what support they required to evacuate them safely.
- A relative told us, "[Name] is happy and safe. I have never needed to complain and there is no way this would arise as it is simply great, and I am happy with everything. There is no other place I would have them." Another relative said, "They [staff] really look after [name]. I cannot praise the staff enough [name] is incredibly happy there."

Using medicines safely

- Medicines were stored securely, managed safely and people received their medications as prescribed. However, some minor improvements were required in this area.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed, however one person's photograph was not included on the medicine file.
- Temperature records were not always completed, and open dates of medicines were not recorded. We raised this with the manager during our inspection and appropriate action was taken to resolve this.
- All staff had completed training before they were able to administer medicines and competency checks were completed to ensure staff safely administered medication.
- Where medicines were prescribed 'as required' or 'as directed' there were protocols in place to give staff clear guidance on when these should be taken.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and poor treatment. The manager and staff understood their responsibilities to safeguard people from abuse.
- Systems and policies were in place to protect people from avoidable harm. All incidents in the service were reviewed by the manager and acted upon.
- Staff were clear on the whistleblowing policy and procedures. Staff told us "I would report any concerns to my managers."
- People said staff kept them safe, one person told us "If I am not happy the staff know to bring me to my

room, and I have cup of coffee and a shower this helps me when am not happy. It is quiet and I feel better then."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We found one DoLS application that had expired. We raised this with the manager, who took appropriate action.

Staffing and recruitment

- Safe recruitment practices had been followed. Recruitment was managed by a central team. Staff told us they did not start employment until the provider had received references and DBS assurance.
- The provider had a system in place to identify how many staff were required each day, based on people's needs. During our inspection we observed staff interacting with people and found there were enough staff to meet people's needs.
- Some agency staff were being used to cover staff sickness. People who used the service told us they did not like it when they were supported by staff, they were not familiar with. The manager showed us how they were managing this. Ensuring in the main people were supported by their own key workers and if agency staff were used, they were given full information about the persons needs before they provided support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date

Visiting in care homes

We saw the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider was aware of the current guidance in place and kept people's relatives updated with any changes, including when there had been positive COVID-19 cases within the home.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- Lessons were learnt as part of the analysis and used to improve the service. For example, 'Behavioural Incident Debrief Forms' looked at how the trigger could have been avoided and for staff to think about what they could have done differently.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager and staff were clear about their roles and responsibilities.
- We received mixed feedback from staff about the level of support they felt they received from the manager. Some staff said the manager was approachable and supportive. Others felt less supported and didn't feel confident in approaching the manager for guidance and advice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a process for gathering feedback about the home. We were told the providers policy was to gather feedback from people who used the service and stakeholders every 18 months. However, this had not been completed since January 2020. We asked the area manager to arrange for this to be completed imminently. Governance systems had not identified this as an issue.
- One person told us, "I am happy with the home. I can choose what I want to do."
- A relative said, "They know [name] very well. Everything they [staff] do is second to none, they keep me informed as I ring every week, they are amazing. All [names] health care needs are met by the professionals and if am honest there is no other place would choose for them."

Continuous learning and improving care

- Systems and processes in place to monitor the service had improved but required embedding in to practice and sustained to continue to drive improvements.
- We looked at a range of audits and found some issues found on this inspection, had not always been picked up from the audits. For example, medicines, MCA documentation and environmental risks, as detailed in the 'safe' section of this report.
- We found no evidence people had been put at risk of harm due to the shortfalls and were able to evidence the manager was working hard to get up to date with the governance of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed staff interacting with people and found they were kind and caring and involved people in their care and support.
- One person said, "I get to see the doctor and I have recently got new glasses and can see better with them. I see the physiotherapist and I can walk better."

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 manager understood their legal requirements and complied with their duty of candour responsibilities.
- One relative told us they thought communication from the management team could be improved. They said, "They do not always keep me informed. They do not ring me with results of tests. I would like them to ring me every month to give me an update." We passed this onto the manager and action was taken to resolve this.

Working in partnership with others

- The manager had links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.