

Sanctuary Home Care Limited

Kempsfield Residential Home

Inspection report

Primrose Drive
Shrewsbury
Shropshire
SY3 7TP

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15 December 2016

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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

This inspection took place on 15 December 2016 and was unannounced.

Kempsfield Residential Home is registered to provide accommodation with personal care to a maximum of 20 people who have a learning disability or autistic spectrum disorder. There were 11 people living at the home on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

People were supported by staff who had received training in and understood how to protect them from any harm and abuse. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

There was enough staff to keep people safe on the day of our inspection. Checks were completed on potential new staff to make sure they were suitable to work with people living at the home.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were supported in their roles by managers and their colleagues.

People were supported to have enough to eat and drink and they received the level of support they needed. People had choices of what they ate and alternatives were offered if people did not want what was on the menu.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were upheld and supported by staff.

Staff made sure people were involved in their own care and were able to make their own choices.

People were supported by staff who knew them well and had good relationships with them. People were as independent as they could be and staff encouraged and supported this. Staff treated people with kindness and respected people's right to privacy and dignity.

People received care and support that was individual to them and their needs. Changes in people's needs were recognised by staff and their support was adapted to meet these changing needs. Staff supported people to identify and to spend their time how they wanted to.

People were encouraged to give their opinions about the care they received and make suggestions about what they wanted to happen at the home.

There was a friendly and positive environment within the home and staff worked for the benefit of the people who lived there. Management were visible and approachable and monitored the quality of the service provided.

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.

Staff were aware how to support people safely and protect them from any danger, harm or abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. There was enough staff to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they needed to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. People had enough to eat and drink and had access to healthcare when they needed it to ensure they maintained good health.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had the opportunity to build positive relationships with. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and that was reviewed regularly. Staff supported people to decide how they wanted to spend their time and asked for their opinions on the support they received.

Is the service well-led?

Good ●

The service was well-led.

The atmosphere at the home was friendly and the focus of staff was on putting people first. Staff were clear about their roles and responsibilities and felt supported by management. The provider had systems in place which assessed and monitored the quality of care and support staff provided at the home.

Kempsfield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we communicated with seven people who lived at the home. We spoke with six staff which included the registered manager, assistant managers and care staff. We viewed six records in total which related to consent, people's medicines, assessment of risk and people's needs. We also viewed other records which related to quality monitoring and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

People felt safe living at Kempsfield Residential Home. They told us staff made them feel safe because of the way they supported them and their behaviour towards them. Two people gave us the thumbs up sign when we asked them if they felt safe and if staff were nice to them when they helped them.

People were supported by staff who understood how to protect them from potential harm, abuse or discrimination. One staff member said, "We need to be vigilant to what is going on around them." Staff had attended training and could identify types of abuse or discrimination people could encounter. They knew who to report any concerns to and the procedures they had to follow in reporting these concerns. The registered manager reported concerns to the appropriate authorities and notified us of these concerns.

We saw people were supported safely by staff. People's care was planned to keep them safe whilst maintaining their independence as much as possible. One person told us they were accompanied by staff when they went outside the home to keep them safe. They acknowledged that this was for their safety and we saw clear information in their care plan to support this decision. We saw other people supported with their mobility around the home and when accessing the home's mini bus. Some people used mobility aids such as frames and wheelchairs to assist them in moving around the home so they could remain as independent as possible. Staff demonstrated they were aware of the individual support people needed to keep them safe in these environments.

People were protected by staff from the risks associated with their care and their environment. Risks to people's safety and wellbeing had been assessed and were monitored regularly. These risks included people's awareness of their surroundings, their mobility, their level of dependence or the medical conditions they had. People had individual evacuation plans which informed staff how to safely assist them in the event of an emergency. We saw systems relating to the assessment and monitoring of risk were kept up to date by staff.

We saw that people were supported safely by sufficient numbers of staff. We spoke with staff about the staffing levels at the home and all told us that there were enough staff to safely meet people's needs. Staff levels were planned in advance and when required extra staff would work to make sure people's needs were met. On the day of our visit we saw extra staff had come in to support people who were going out for a meal. Staff told us that managers would provide support if needed and they frequently helped staff at the busier times of the day. Systems were in place to ensure that people were supported by staff who had received appropriate checks prior to starting work with them. New staff did not start work at the home until previous employers had provided references for them and criminal checks on their background had been completed. These checks are called disclosure and barring service checks. This helped to ensure potential new staff were suitable to work with people living at the home.

People were supported to take their medicine when they needed it. People who lived at the home were unable to manage their own medicine so staff supported them with this. Only staff who were trained to handle medicines had access to people's medicines. They received training in the administration of

medicines and their competence to support people with their medicines was confirmed through regular observation of their practice. Some people had medicine given to them only when they needed it and we saw clear information for staff on why and when people might need this medicine. Medical administration records we looked at showed that people received their medicine as prescribed.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. People we spoke with were able to confirm that staff knew how to support them. We saw staff showed a thorough understanding of what people wanted and needed. They had the skills to support people and this included their ability to communicate effectively with them. Staff told us that knowledge about individual people was shared between staff to ensure they supported people in a consistent way. One staff member said, "We [staff] work with each other. What may work one day for a person may not work the next day so we have to share information amongst us."

Staff agreed that the training and support they got from other staff and from the managers meant they felt confident in their roles and were equipped with the skills they needed to support people. Staff received regular one to one time with their line manager. They told us this was an opportunity for them to discuss any concerns or issues they had, training that they needed or wanted and to get feedback on their performance.

People living at Kempsfield Residential Home were able to make their own decisions about their day to day care. We saw they were supported by staff to give their consent and make decisions which affected their day to day lives. One staff member said, "It's their [people's] choice and we make sure they understand. We're here to encourage and support them but we can't force them into anything they don't want to do."

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. The registered manager worked with other professionals to ensure there was a joined up approach to people's care and support. This included being able to support people to make decisions about their care and making decisions on a person's behalf which was in their best interests. Staff had received training and understood they had to ensure decisions were made in people's best interests.

People can only be deprived of their liberty so that they can 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 being met. One person had a DoL authorised and there were no conditions attached to this authorisation. The registered manager had submitted ten other DoL applications and was waiting for these to be authorised. The registered manager was aware of their responsibilities and had liaised with relevant authority in making these applications. Not all staff correctly identified who had a DoL authorised and whether there were any conditions attached to this. However, we did not see any adverse effects as people's rights and safety were still maintained by staff.

People were supported to have enough to eat and drink and maintain a well-balanced diet. One person was keen to tell us that the "food is lovely". Another person told us they were diabetic and the cook prepared

them different meals. All the people we spoke with enjoyed the food they were given and could ask for something different if they did not want was on the menu. Three people spoke with us about their "snack boxes" which they were supported to fill with their preferred food snacks. They told us they usually had something out of them in the evening but could have snacks at any time. People were assessed and monitored by staff as to whether they had any risks associated with their eating and drinking. Where risk was identified advice was sought from other professionals.

People had access to healthcare services some of which visited people at the home. People had annual health checks and regular medication reviews with their doctors. One staff member told us that support and advice was readily available if needed from the doctors and community nursing team. Visits and support from other healthcare professionals were arranged as required such as dentists and opticians.

Is the service caring?

Our findings

People told us they were happy living at the home and that staff were nice to them. One person said, "I really like them [staff]." We saw that people were confident in the company of staff. They looked happy, comfortable and relaxed and were often laughing and smiling when they were with staff. People were involved in conversations which happened around the home. Staff made sure people understood who we were and why we were at their home. They also supported the inspector to speak with people throughout our visit.

We saw staff provided kind and compassionate care and support for people. One person said, "They [staff] are all very nice, they are very kind to me." Staff spoke kindly about the people they supported and showed a warmth and empathy for the people who lived at the home. One staff member said, "This job is part of my life. I love the people I support." Staff had worked with people to find out what was important to them to enable them to enjoy their lives. We saw they listened to what people wanted and supported the choices they made so that care and support was then given in the way people wanted it. Staff spoke with people and each other with consideration and patience.

People were involved in making decisions about their care and support. Each person had key staff who took a particular interest in their support plans and were called keyworkers. People knew who their keyworker was and said that they spoke with them about their care and support. One staff member said, "I am keyworker to [person's name] and have built a brilliant relationship with them. I know them so well because of this." We saw that this and other staff members clearly knew the people they supported and their individual personalities. People had access to independent advocates when they needed them. An advocate is an individual, independent of local organisations who represents people when they are unable to, or have difficulty in expressing their views. They ensure people's rights and views are protected in any decisions made.

We saw staff spoke to people in a respectful way and maintained people's dignity. People were encouraged to maintain their independence where they were able. Two people told us they enjoyed helping to make sandwiches and drinks with staff in the kitchenettes. Where needed people used mobility aids so they could move around the home independently or with minimal staff support. Staff told us to ensure people's dignity and privacy they always closed doors when helping people with personal care. They also respected people's wish to have privacy in their bedrooms if they wanted it and to make sure people were always happy with what staff supported them with.

Is the service responsive?

Our findings

People received care and support that was individual to their needs. Staff knew and understood people's needs and preferences and supported them in the way that suited them best. People had been encouraged to identify their preferences, likes, dislikes and what was important to them. Staff told us because they knew this information they made sure people had the support that suited them best.

When people's care needs changed staff took action to ensure they had the support they needed. Staff had responded when one person's mobility had started to deteriorate. They had supported the person in an assessment of their mobility and in accessing a walking frame to assist them in staying mobile. We asked this person if staff had done a good job in helping them when they needed it. They gave us the thumbs up sign and a big smile in return whilst they told us "yes".

One person told us staff talked to them about their care and how they were. These conversations helped to keep people's care plans reviewed and up to date. Staff were made aware of any changes in a person's care needs during shift handover meetings and through daily communication books. This helped to ensure staff had the most up to date information about each person.

People told us they were supported to spend their time how they wanted to. We saw staff engaged with people and supporting them with their chosen activity. One person was sat watching the television and they told us this was what they wanted to and liked to do in the mornings. Another person was supported with their painting and drawing then went on to make cookies, and another person completed a puzzle game. On the day of our visit five people were going out for a Christmas meal at a local pub. We could see that people were excited and throughout the morning staff were asked when they were going. Everyone told us they were looking forward to this outing.

One person told us they enjoyed drawing and painting and that the staff were "good" because they helped them with this. On the day of our visit we saw staff supported this person in one of the communal areas of the home with their art. They were keen to show off their artwork and told us staff helped them put their pictures on their bedroom wall. Another person told us about trips out they had to the seaside, the cinema and going into town.

People were supported to maintain relationships with those who mattered to them. People who lived at the home were supported to meet and go visit their families and also make telephone calls. We heard one person and staff confirming arrangements for their telephone call to their family that evening. The person confirmed staff supported them with this each week. Some people had lived at the home for many years and staff told us they had forged good relationships with their family members. Where families were unable to visit the staff helped to maintain the link between them and the person.

People were actively encouraged to give their views and raise any concerns or complaints about the service. One person spoke with us about "house meetings" which was when everyone from the house talked about things such as what outings they wanted to do or what they enjoyed doing. These meetings were also an

opportunity for people to talk about their experience of living at the home and identify any concerns or complaints they may have. At the last meeting people had been encouraged to and involved in making arrangements for Christmas food, buffets and parties at the home.

People confirmed they did not have any complaints about their care. Staff told us that part of the keyworker's role was to ensure people knew they could go to them if they had any problems. This could be if they did not feel they could speak with any other staff member. People we spoke with knew who their key worker was and confirmed they would speak with any of the staff if they had any problems. They also told us they would be happy to talk to the registered manager if they had any concerns and were confident they would address any issues.

Is the service well-led?

Our findings

We found the culture of the home was friendly, open and the focus of staff was on putting people first. One person told us they could not "praise the staff enough". One staff member spoke about the culture at the home and said, "We have time for them [people]. We're like a family here; it's a good and friendly atmosphere." The registered manager said, "The residents are important and we want them to be happy here."

Everyone we spoke with indicated they were happy with the care and support they received and enjoyed living at the home. One staff member said, "We are here to encourage and promote their [people's] independence and get them out and about as much as they are able. We're here to make sure they're safe and happy." People told us they saw the managers often around the home and that they came and spoke with them. People had opportunities through meetings and conversations with staff to talk about future plans and what they would like to happen at the home. The home is soon to undergo a major refurbishment. People knew they would be moving out of Kempsfield while this happened. We found people had been informed about what was happening to their home and were aware of the potential timescales for completion.

Staff described a culture within the service in which they were able to speak openly with the home's management team. They felt the registered manager valued and listened to their opinions and that they had opportunities to give these opinions. Staff understood their roles and how that had an impact on people's lives. One staff member said, "It's all about them [people] and what makes them happy. If they're happy then we're doing our job." Staff told us they felt happy in their roles and were supported by the managers. They told us there was always a manager available either working or on call.

The registered manager had worked at the home for many years. They had been in post as registered manager with the provider since October 2015 and had been the registered manager with the previous provider. They understood their regulatory responsibilities with regards to their registration with us and knew when they were required to submit statutory notifications. Where required statutory notifications have been sent to us to keep us informed of specific events that have happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our ongoing monitoring of services.

The provider had systems in place to assess, monitor and report on the quality of care provided at the home. Staff and managers each had their own responsibilities in completing checks around the home on areas such as care documentation, medicines and health and safety. The registered manager had oversight of these checks and reported to the provider on all aspects of the home's quality management. The registered manager was supported by their line manager in monitoring quality and ensuring action was taken in identified areas of improvement. However, we saw that even when actions were identified these were not always addressed in accordance with their urgency. We saw an audit completed in August 2016 that had identified portable appliance testing (PAT) was required on some items at the home. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. The

registered manager told us this had not yet been completed and we saw evidence they had chased this up with the relevant team within the company. On the day of our visit this was escalated to the provider's senior management team for completion. All other actions we looked at had been addressed by the registered manager.