

# Lifeways Community Care Limited

# Kingdom House

## Inspection report

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Date of inspection visit:  
23 April 2018

Date of publication:  
17 May 2018

## 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 23 April 2018. We gave the registered manager short notice that we would be coming because people who use the service are often out during the day. We needed to be sure the registered manager, staff and people who used the service would be available to speak with us.

Kingdom House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was last inspected in December 2016 and was rated Requires Improvement. Kingdom house is a home for people with learning disabilities, those on the autistic spectrum, physical and sensory impairments, mental health issues and complex needs. The service can accommodate eight people. Seven people were living there at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

There was a registered manager in place for the service. A registered manager is a person who has registered with CQC 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 told us they felt safe living in the home. Relatives agreed that their family members were in a safe environment. We saw people were happy and trusted the staff. There were systems and processes in place to minimise risks to people. These included a robust medicines management system and making sure staff knew how to recognise and report abuse.

There were adequate numbers of staff available to meet people's needs in a timely manner. Recruitment checks were completed prior to staff being employed which helped make sure staff employed were of good character.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

Staff were receiving regular training, supervision and appraisal so they were skilled and competent to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff respected the right to confidentiality for people who used the service. How they made sure people's confidentiality was kept was described in the 'Service user guide.'

We observed staff displayed caring and meaningful interactions with people and treated people with respect. We observed people's dignity and privacy was actively promoted by the staff, supporting them in a situation where some people could not speak up for themselves.

A varied range of activities were made available and we saw staff were proactive in engaging people with individual activities of their preferred choice.

Systems were in place to deal promptly and appropriately with any complaints or concerns raised about the service. The registered manager and registered provider treated complaints as an opportunity to learn and improve.

The home was well led by an experienced registered manager and management team. The registered provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below

## 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.

Medicines were safely managed and checked. Action had been taken to improve the safety of medicine administration.

Staffing levels were adequate to meet people's needs and staff were deployed in a way that was effective and kept people safe.

There were appropriate checks of the safety of the premises and measures in place to control the spread of infection.

### Is the service effective?

Good ●

The service was effective.

There were clear systems of assessment in place and staff received appropriate training, supervision and appraisal to deliver effective care.

People received the right support to eat and drink and staff monitored people's nutrition and took action when there were concerns.

There was good joint working with other healthcare professionals to improve people's health.

### Is the service caring?

Good ●

The service was caring.

The relationships between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

People's privacy, dignity and independence was maintained by staff that were caring and respectful.

### Is the service responsive?

Good ●

The service was responsive.

There was an individual programme of social activity available to people, which they thoroughly enjoyed.

People who used the service, relatives and friends were involved in making decisions about the care and support provided at the home.

People knew how to make a complaint if they were unhappy.

**Is the service well-led?**

**Good** ●

The service was well led.

People who used the service, relatives and staff praised the way the service was managed.

Managers had implemented clear improvements in the service and had detailed and effective systems of audit to ensure this continued.

Staff told us they felt they had a very good team. Staff said managers in the organisation were approachable and communication was good within the service.

# 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 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.

We undertook an announced comprehensive inspection of Kingdom House on 23 April 2018. The inspection was undertaken by one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered provider. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Rotherham). 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 information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We met with four people who used the service, the registered manager and five staff members including the deputy manager, a team leader and support workers. We also spoke over the telephone with two relatives of people who used the service.

We looked at three care plans, medicine records, staff duty rosters and records associated with the monitoring of the service, including incidents, safeguarding concerns, audits, maintenance records and complaints.

# Is the service safe?

## Our findings

At the last inspection in December 2016 this key question was rated as 'requires improvement'. This was because people's medicines were not always safely stored, managed and recorded. At this inspection we found improvements had been made and have judged that the rating is 'good'.

People who used the service told us they felt safe living at Kingdom House. Comments included, "Everyone is really nice and I feel safe" and "I know I am safe." All staff had received training in safeguarding adults as part of their induction and then attended refresher training to ensure they were kept up to date with current guidance and good practice. Staff spoken with were confident about recognising the different categories of abuse and understood their responsibilities to report their concerns. One staff member told us, "We discuss the safeguarding policy and whistleblowing procedures in team meetings and can go to the managers at any time to ask their advice."

Where allegations of abuse had been made the registered manager had taken prompt action to inform the Care Quality Commission and the local authority and completed suitable investigations where appropriate. The local authority told us they had no open safeguarding concerns about the service.

We found medicines were stored and disposed of safely. Arrangements were in place for the return and safe disposal of medicines and excess stock was kept to a minimum. Clear systems were in place for recording when people took medicines whilst at the home and out of the home, for example when they visited family or went on holiday. Staff had received specific training to safely carry out medicine administration. All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the registered provider's policies and procedures.

We found there were safe arrangements in place to store medicines at the service. Medicines that needed to be refrigerated were stored in a separate, secure fridge that was only used for medicines. The fridge was kept locked and in a locked medicines room. Fridge temperatures were checked and recorded daily to ensure storage was as per manufacturer's guidance.

We found accidents and incidents were recorded appropriately. Where incidents or accidents had occurred these were recorded by staff and actions taken were reviewed. These were recorded electronically and a monthly report was compiled so managers could analyse trends and take action such as additional monitoring of particular people or areas of the service.

When people were admitted to the home a wide range of risk assessments were completed. These included falls risk assessments, moving and handling assessments, choking risk assessments, a personal emergency evacuation plan (PEEP) and assessments relating to the use of equipment and smoking. Risk assessments were reviewed regularly and as people's needs changed.

External contractors and the staff team conducted daily, weekly, monthly and periodic checks of such things as the overall condition of the building, fire doors and the alarm panel, electrical items and cleaning

matters. Any faults were reported to the registered manager who ensured any required work was completed.

The building was kept clean and well maintained with a pleasant, clean odour throughout. Staff, were trained and followed infection control practices, by wearing gloves and aprons when required. The registered manager discussed infection control in staff meetings and had identified steps they could take to reduce infection risks.

People were cared for by suitable numbers of skilled staff who knew people well and met their needs. Staffing levels had been organised for each person dependent on their assessed needs. For example, one person had one to one support whilst at the home but when they went out on activities they were provided with two to one support. Staff told us staffing levels were regularly reviewed and adjusted when needs changed or to accommodate the planning of activities, and other appointments. Staff said staffing levels were sufficient to meet people's needs and to keep them safe.

The registered provider had a policy and procedure for the safe recruitment of staff. We looked at four staff files and found checks had been carried out, prior to people being offered posts. These included identity checks, past employment history, references from previous employers and Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. We found some small gaps in the information required to be kept for all staff. The registered manager started to rectify this on the day of the inspection and following the inspection confirmed to us that all staff files had been reviewed and rectified. We saw staff disciplinary processes had been followed when required, and action taken when necessary to help ensure people felt safe with the staff supporting them.



# Is the service effective?

## Our findings

At the last inspection in December 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People received care and support from staff who knew them well and had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development by the registered manager and throughout the staff team. Other agencies spoken with were positive about the service. They told us the staff had a good understanding of the needs of people they supported, and met their needs effectively.

There were clear processes of assessment carried out prior to and in the days following people's admission at the service. This included using information from different sources for example, other healthcare professionals and relatives. Pre-admission information was used to ensure that risk management plans were completed and medicines plans were in place. Following admission to the home, assessments of people's needs relating to all aspects of their care and support were completed.

New staff employed at the home were signed up to complete an induction programme that met the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Prior to starting work staff completed a programme of learning which included sessions on basic life support, safeguarding adults, health and safety and moving and handling. After six days of classroom based training staff were given shifts working alongside other more experienced staff. This was for as long as the person needed in order to gain their confidence and feel able to work alone. There was a tracker in place for monitoring training which showed that overall staff were 96% up to date with this. One staff told us, "The induction is really good. We're also prompted when we're due to complete updated training. It's put on the rota so we don't get missed."

The registered manager had a supervision and appraisal matrix which showed staff had received these as per the registered provider's policy. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. Staff spoken with told us they were provided with good support from the registered manager and other senior staff. Their comments included, "I have supervision every couple of months, which I find useful" and "I always get supervision and if I identify something I need to discuss, I can just ask and the managers will see me."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body. People's rights to make choices about their care and lifestyle was promoted and understood by staff. Best interest discussions had taken place when people had been assessed as lacking capacity to make a particular decision. Staff were familiar with people's communication methods and used this knowledge and understanding to support people to make choices and to have control over their routines and lifestyle.

People and their relatives told us they received good support with nutrition. Comments included "I like my food and get what I want" and "I enjoy my milkshakes." We saw people were offered a choice of drinks and food and staff knew people's likes and dislikes. People also told us about the 'nationality food themed night' when food from different countries was prepared and tasted. Where there were concerns about people's weight, we found staff were monitoring this closely and had sought professional advice to reduce the risk of malnutrition or dehydration.

Evidence seen confirmed that people saw medical professionals when needed. One relative told us their family member was supported by hospital consultants. Care plans contained information about people's health so that staff could provide appropriate support. Relatives told us support workers helped them access health appointments and often attended appointments with them to provide information about the person. Care plans held information about people's known allergies and the staff actions required to support people's health.

The design of the building was suitable for the needs of the people living there. The building was bright and well presented. There were sitting areas and dining/kitchen areas and a garden which could be easily accessed. People were able to mobilise safely throughout the building using handrails. People's rooms were clean and tidy and people were able to have a variety of their own possessions and furniture in their rooms. This helped people to recognise their own rooms and helped to personalise the service.

# Is the service caring?

## Our findings

At the last inspection in December 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

We communicated with four people who used the service. All four people used positive body language to express their satisfaction with the service. Relatives spoken with spoke very highly of the quality of care and support provided to their family members. Relatives told us staff were kind and caring. One relative said, "It's not just a job, they [staff] really care for people with such compassion." Another relative said, "We looked at many different placements before we settled on Kingdom House. You get a really good feel about the home; we definitely made the right choice."

One healthcare professional told us, "The staff are very attentive and caring and are led by a manager who far from being a 'senior voice in the office' is very much hands on."

People were treated with kindness and made to feel special. We heard staff complimenting and praising people about how they looked and about tasks they had performed. One person wanted reassurances from the manager and staff about issues that were sensitive and private to them. The registered manager spent time with the person concerned reassuring them and providing positive feedback. This clearly pleased the person concerned, making them relax and smile. The smiles, laughter and interactions we observed suggested people felt valued and important.

There were good systems of engagement with people who used the service, which included residents meetings, a focus group and a 'we matter' group. Some meetings were held at the home and others were held at other venues. Residents meetings were used to identify what people would like to do and to keep people updated on changes to the way the service worked, such as care plan reviews and staff changes.

We saw where a person's physical needs had changed staff had done everything possible to support the person to stay at the home for as long as they were able. This was done to by working closely with other healthcare professionals and by providing the equipment they needed to be supported within the home.

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity and told us about training sessions they had completed about ensuring people maintained their privacy and dignity at all times.

Staff told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. During the inspection we observed managers and staff contacting the local advocacy services to update an IMCA (Independent Mental Capacity Advisor) about a person's current situation.

People's records were safely stored and written in a way that protected their dignity and confidentiality.

# Is the service responsive?

## Our findings

At the last inspection in December 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

One relative told us, "[Name of person who uses the service] is taken out all the time with staff and they enjoy a range of activities. They have a very good social life."

Healthcare professionals told us, "Kingdom House staff work alongside the education provision at Sheaf Training to support a study programme for one of our learners. We agreed alongside the social worker that consistent support from familiar staff would be the most appropriate choice to maintain a safe and positive environment for the challenges that face the person in question. The provision has proved both effective and reliable to develop the learner's ability to access all that has been on offer. Kingdom House staff have worked seamlessly with our education support worker; they react quickly with calm and consistent fairness enabling the person to make positive choices and regulate their behaviour accordingly" and "I have no concerns over the care of [name of person who uses the service] at Kingdom House. He enjoys a reasonable amount of personal freedom in his choice to access the community, which he does most days. The support he receives is proportionate to his needs and he is allowed to follow much of what he wants to do. As an example he recently booked a holiday which he has enjoyed doing."

People's support plans included very clear and detailed information about people's health and social care needs. Support plans were divided into separate sections and included all aspects of the persons care and support needs. The plans were personalised and detailed how the person needed and preferred care and support to be delivered. A one page summary gave an overview of the person in their own words. Each support plan explained; what can I do for myself, what I need support with, goals associated with this and risks associated with this.

There was a system of review so people's progress and developments were recognised and monitored. Their support plan was constantly updated to make sure it was an accurate and useful working document. The person who used the service, relatives and other agencies were invited to attend review meetings or were contacted for their views and feedback.

People and relatives spoken with felt very positive about the frequency and variety of social activities made available to people. On the day of the inspection people were busy going out on activities, returning home and then going out again to other social events. We saw people participated in such things as, bowling, swimming and youth club. The service had two vehicles which enabled staff to take people to activities, stay with them and then drive home. Other popular events like trips to the park, coast and going shopping were also planned regularly. People were also given the opportunity to go on holiday, supported by staff and/or their family. Other activities in the home included games night and party nights.

People who used the service and their relatives told us they had no concerns or complaints. They told us they were able to talk to the managers or any other staff about their worries and were confident staff would

help them to resolve any concerns.

The registered provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the CQC and the Local Government Ombudsman. In addition, there was a 'log of issues', which included accidents, incidents and minor complaints. These were reviewed by senior managers to identify any lessons that could be learnt. The service had received one complaint within the last 12 months which had been quickly resolved.

## Is the service well-led?

### Our findings

At the last inspection in December 2016 this key question was rated as 'requires improvement'. This was because the findings from the checks and audits completed by the managers were not always acted upon. At this inspection we found improvements had been made and have judged that the rating is 'good'.

One healthcare professional told us, "Communication with the registered manager is excellent and she ensures we are well informed with regard to concerns and incidents that might impact on the provision. We have developed a close working relationship that I hope empowers people to have choice, reassurance and confidence in line with their level of need."

One relative told us, "The manager and other senior staff are really 'on the ball'. They react quickly and let us know about everything that's going on. We can go to them at any time and they will listen and respond."

Staff told us, "The manager is approachable and supportive both with work related issues and home life" and "The manager is helping me to progress my career and I really appreciate her support with this."

The registered manager was supported by a deputy manager and team leaders and each worked regular hours in the home. A management on-call system was in place for when managers were not available within the service. The registered manager completed regular audits of care records, medicines, health and safety checks and other records relating to the running of the service.

Senior managers within the organisation visited the home frequently to make sure high standards were maintained. Audits completed by the registered manager were reviewed by senior managers and also routinely included action plans for managers to address.

The registered manager had reorganised key information and documentation in a way which demonstrated the system was meeting regulatory requirements. Some changes by the managers were simple but effective. All information relating to the running of the service was organised in such a way it was easy to access. This had contributed to an improved standard of record keeping. Staff commented on how much easier this change had made their roles.

Managers also monitored the performance of the service through daily 'handover meetings'. Managers started and finished their shift 15 minutes before all other staff. This allowed for exchange of information on the events and concerns of the day, including, people's wellbeing, appointments, activities, staffing and the work required on training, supervision and appraisals with staff. We saw this worked efficiently as a means of sharing information.

The registered provider sought the views of people, their relatives and other agencies by satisfaction surveys and regular meetings. Feedback from surveys had been analysed and action plans put in place to address any issues raised.

The provider had effective quality monitoring systems which ensured standards were maintained and constantly looked at ways to improve practice. The registered manager and provider measured the quality of the service from the perspective of people they supported. They gathered this information from outcomes of keyworker meetings, reviews and daily records and analysed this against people's support plans and specific goals.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and accessible to staff. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

The registered provider was meeting their responsibilities to display their ratings in the service and on their website, and were appropriately informing the Care Quality Commission of significant events that had occurred in the service.