

Perthyn

# Perthyn - Kingsfield House

## Inspection report

Kingsfield House  
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06 December 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Perthyn - Kingsfield House provides domiciliary care and support to adults with learning difficulties as well as people who also have profound physical disabilities. Support staff are provided throughout the 24hour period to enable people to continue living in the community in shared or single occupancy housing. At the time of our inspection, the service provided care and support to 17 people in 14 locations.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of 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 achieve good outcomes.

Personalised risk assessments gave information for staff to follow in keeping people safe, whilst enabling people to be as independent as possible. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

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 policies and systems in the service supported this practice.

Right care: The care and support people received was tailored to meet people's individual needs. People lived in their own accommodation in the heart of the community. Staff treated people with dignity and respect and promoted their right to privacy.

Right culture: The culture within the service empowered people who used the service. The staff team promoted inclusive practices which supported people to live a full life. Their rights and aspirations were promoted.

People and staff were listened to and encouraged to give their feedback about the service. The provider was committed to driving improvement and provide the best care and outcomes for people. They were in the process of reviewing all support to ensure people were involved in their care as much as possible and had opportunities to experience new activities.

The management team had the specialist skills, knowledge and experience to perform their roles and had a clear understanding of people's needs. Systems and processes were in place to monitor the quality and performance of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good published 4 April 2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing and financial management of the monies of people who used the service. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Perthyn- Kingsfield House on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Perthyn - Kingsfield 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.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

This service provides care and support to people living in 14 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority commissioners who work with the service. 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 of this information to plan our inspection.

During the inspection

We visited and observed 3 people who used the service who could not easily communicate with us and spoke with 2 people's relatives to gain an understanding of people's experience of the service. We spoke with 9 members of staff including 7 support workers, regional services manager and registered manager. We reviewed a range of records which included 4 care plans, 3 staff recruitment files and a variety of records relating to the management of the service, including policies and procedures and training documents.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People we met looked well cared for, relaxed and contented in their living environment.
- Staff knew what signs to look for to keep people safe. One staff member said, "If I had any concerns, I would record it and report to the service manager."
- Staff undertook safeguarding training and there were up to date procedures and information available to support them.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had personalised plans in relation to their safety and support needs when in the service or out in the community. Any triggers for anxiety or stress had been identified, and there was detailed information for staff to follow. For example, in one person's care plan it explained where the person's calm space was, not to get too close and use simple communication with them if they became stressed.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Each person had a team of staff to support them, which meant they experienced a consistent approach to their care and support. However, relatives told us this had not always been maintained and when new staff had been employed there was poor communication about the changes which caused people anxiety and stress. We spoke to the provider about this. They acknowledged some changes had been made without the level of planning and communication they would have wished for. We were assured lessons had been learnt and processes were now in place to ensure better communication and working with people and families.
- The provider operated safe recruitment processes.
- Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work for the service.

Using medicines safely

- People were supported to receive their medicines safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People received their medicines at the times they were prescribed or when they needed them.
- Staff were trained or assessed as competent to support people with their medicines.
- Systems were in place to monitor and audit the administration of medicines.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up-to-date infection, prevention and control policy in place.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- When things had gone wrong the provider used the opportunity to reflect and look at ways to improve the service. For example, following a complaint involving the expenditure of people's monies the provider reviewed financial practices and put new systems in place to mitigate any risk of the situation arising again.

### Is consent to care and treatment always sought in line with legislation and guidance?

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's capacity to consent had been assessed for decisions relating to their care. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's representatives.
- We observed staff asking people what they would like to eat and what activity they would like to do.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was documented.



# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- Management and staff were focused on providing individualised care and achieving good outcomes for people. People's care plans were person-centred and people were encouraged and supported to live a fulfilled life as possible. However, feedback from relatives suggested more could be done to ensure a wider variety of activities and opportunities were offered to people to broaden their experiences. The provider acknowledged this and was already in the process of reviewing everyone's personal plan with the aim to improve outcomes for people.
- Staff told us they were well supported and able to raise any issues of concerns they may have without fear of what might happen as a result. One said, "[Regional services manager] is very approachable and available and quick to respond."

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood information sharing requirements, and knew when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.
- Staff told us there was information available about how to whistle-blow and we saw procedures in place. This ensured staff knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns were not acted upon.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- There was a system in place which captured information from audits of the various locations undertaken by staff. The provider ensured regular visits were made to each location by other officers within the organisation such as a health and safety advisor. We saw documentation to support this. Any shortfalls were picked up and addressed with the specific locations.
- Regular meetings were held at various levels of the organisation to share findings and learning which drove improvements.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Feedback from people and their families was sought. Visits to people's home gave them an opportunity to share any concerns. However, families did not always feel they were being communicated with. We spoke with the provider about this who assured us they were addressing concerns raised about communication through a planned programme of reviews.
- Staff had regular supervisions and attended team meetings which gave them opportunities to raise concerns or make suggestions. One staff member said, "I had a supervision last week, I feel listened to and have been very well supported."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. Any learning from complaints or incidents was communicated and shared across the organisation.
- Each staff member had a training programme and clear target to achieve in completing their training.

Working in partnership with others

- The provider worked in partnership with others. The provider worked with local commissioners of the service and were receptive to their suggestions as to how to improve the service. For example, the provider had reviewed the management of people's monies following feedback from the local authority.
- People accessed other health professionals when needed and staff worked with social care professionals.