

Perthyn

Perthyn - Kingsfield House

Inspection report

Kingsfield House
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17 August 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 domiciliary care inspection took place over two days on 15 and 17 August 2016.

Perthyn - Kingsfield House location provides domiciliary care and support to very dependent adults with a range of learning disabilities as well as people that also have profound physical disabilities. Support staff are provided throughout the 24hr period to enable people to continue living in the community in shared or single occupancy housing.

When we inspected the service provided care and support to 23 people in 20 houses located predominantly in Northampton, Wellingborough and Towcester.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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 benefitted from receiving support from staff that were caring, friendly, and responsive to people's changing needs. People were supported in their own homes by trained staff that were able to meet their needs safely. Staff were able to demonstrate that they understood what was required of them to provide people with the safe care they needed to remain living at home.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People were treated with dignity and their right to make day-to-day choices about how they preferred their care to be provided was respected.

There were sufficient numbers of staff employed to meet people's assessed needs. People were protected from the risks associated with the recruitment of staff unsuited to the role by the provider's recruitment procedures. Comprehensive risk assessments were also in place to reduce and manage the risks to people's health and welfare.

People benefitted from a service that was appropriately managed so that people received their service in a timely and reliable way. Support staff were deployed to people's homes so that each person always had the assistance they needed throughout the day and night, seven days a week.

People's rights were protected and decisions about their care and support were taken in their best interest. Where appropriate people's relatives or advocates were consulted about the service provided and they had the information and guidance they needed to raise concerns or make a complaint. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary.

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.

People received care and support in their own homes by suitable staff that had been appropriately recruited, trained and supported to provide safe care.

People benefitted from receiving care from staff that were mindful of their responsibilities to safeguard them from harm.

People were protected from unsafe care by staff that knew and acted upon risk assessments associated with providing the level of care that was needed for each individual.

Is the service effective?

Good ●

The service was effective.

People received a reliable service. Contingency arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People were provided with the support they needed and this was regularly reviewed to ensure their needs continued to be met.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity, or lack of, to make decisions had to be taken into account and acted upon.

Is the service caring?

Good ●

The service was caring.

People benefitted from receiving support from staff that respected their individuality.

People's dignity was assured when they received personal care and their privacy was respected.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care.

Is the service responsive?

The service was responsive.

People's care plans were person centred to reflect their individuality and where appropriate had been completed with the involvement of significant others.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them and, or, with their representatives, so that the agreed service met their needs and expectations.

People and, or, their representatives were assured that appropriate and timely remedial action would be taken if they had to complain about the service.

Good 

Is the service well-led?

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that had the day-to-day managerial support they needed to do their job.

People benefitted from receiving a service that was very well organised.

Good 

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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 announced inspection was carried out by an inspector and took place over two days on 15 and 17 August 2016. With domiciliary based services we can give the provider a short period of notice of our inspection. We do this because in some community based services the registered manager is often out of the office supporting staff or, in some smaller services, providing 'hands-on' care to people at home.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service.

During this inspection we visited the provider's office location in Northampton. We looked at six records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service and the day-to-day management of the agency. We visited five people at home, although only one person was able to communicate verbally, and we looked at the care records maintained by the staff that were kept in people's home. We met and spoke with two senior staff that had a management role as well as 'hands-on' duties, and four support workers when we visited people's homes. We also spoke with the registered manager, a senior staff member, and an administrator at Kingsfield House.

Is the service safe?

Our findings

People's needs were safely met. The registered manager ensured that staffing levels were consistently maintained to meet the needs of each individual supported at home. There were contingency scheduling arrangements in place to take account of holiday leave as well as unexpected absences due to sickness.

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding procedures in place for support workers to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Support workers understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people.

People were protected from unsafe care. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. Care plans contained a comprehensive assessment of the person's needs, including details of any associated risks to their safety that their assessment had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred.

People had detailed care plans kept in their homes. Care plans provided support workers with the guidance and information they needed to provide people with safe care. There was up-to-date information about people's healthcare needs, their disabilities, and other factors that had to be taken into consideration so that safe care was provided.

People were safeguarded against the risk of being cared for by unsuitable persons because Support workers were appropriately recruited. All staff, including those who were office based, were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before Support workers received induction training prior to taking up their care duties. Newly recruited Support workers 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service.

Is the service effective?

Our findings

People received care and support from support workers that had acquired the experiential skills as well training they needed to care for people living in their own homes. Newly recruited support workers had received a thorough induction that prepared them for working in people's homes. Support staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Support workers had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Support workers understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005).

People's needs were met by support workers that were effectively supervised. Support workers had their work performance regularly appraised at regular intervals throughout the year by their line managers. Support workers participated in 'supervision' meetings and they confirmed that the registered manager was readily approachable for advice and guidance. People benefited from receiving care and support that was effectively monitored by senior staff that visited their home to observe and assess support workers doing their job.

People received a service from support workers that had been provided with the appropriate guidance and information they needed to do their job. People were protected from the risks of inadequate nutrition and dehydration, for example, because of their inability to verbally communicate their needs. The support staff monitored people's foods and fluid intake. Nutritional guidance was sought from the appropriate healthcare professionals in response to significant changes in people's weight. Support staff involved external healthcare professionals such as, for example, dietitians, speech and language therapists, and tissue viability specialists. Timely action had been taken by support staff whenever there were concerns about people's wellbeing. Action taken was in keeping with the person's best interest, with the appropriate external healthcare professionals involved as necessary. Support workers had a good understanding of people's holistic needs and the individual care and support they needed to enhance their quality of life.

Is the service caring?

Our findings

People received their care and support from support workers that were compassionate, kind and respectful. Support workers were familiar with and acted upon people's routines and preferences for the way they liked to have their care provided.

People's dignity and right to privacy was protected by support workers. People's personal care support was discreetly managed by support workers so that people were treated in a dignified way. People's privacy was respected. Challenging behaviours were sensitively managed by support workers that were knowledgeable of 'triggers' that contributed to an individual becoming upset. These 'triggers' were avoided but support workers knew how to work with the person in a kind, thoughtfully measured way, whenever challenging behaviour occurred.

People were encouraged to do as much as they could for themselves within the constraints imposed upon them by their disabilities. People were supported at their own pace and they were not rushed to do things. Support workers responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was unhappy and needed their attention.

Support workers were able to discuss how they facilitated people's choices in all aspects of their care, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves.

People's individuality was respected by support workers that directed their attention to the person they engaged with. They used people's preferred name when conversing with them. People were approached by support workers that took time to explain what they were doing without taking for granted that the person understood what was happening around them.

People's visitors were made welcome. Support workers said that people's relatives and other visitors were encouraged although it was acknowledged that some people enjoyed more frequent visits than others.

Is the service responsive?

Our findings

People's abilities to do things for themselves had been thoroughly assessed prior to moving to their supported living accommodation. The majority of people required intensive support to continue living in their home as they had previously been accommodated in long term healthcare settings and not as individuals living in their own home. People received the care and support they needed in accordance with their care needs assessments, whether on a day-to-day basis at home or over a longer period as their dependency needs changed over time.

People's past history, interests and behaviours were taken into consideration when their care plan was agreed in their best interest. People were encouraged to make choices, however limited they may be, about their care and how they preferred to spend their time. There was information in people's care plans about what they could do for themselves and the support they needed to be able to put this into practice. Support staff were skilled at picking up on people's non-verbal cues so that they knew if someone was in discomfort or needed their attention in other ways.

People were protected from social isolation because care staff made an effort to engage with them individually. Support workers also ensured that people were enabled to enjoy going out into the community. Support workers also coordinated and organised outings to community facilities such as shops and recreational venues. Relatives, or significant others, were also appropriately consulted as sources of valuable insight for support workers to utilise when providing people with the support they needed. People also enjoyed had a range of activities in their own home that were organised to suit each individual and that varied on a daily basis such as, for example, enjoying aroma therapy and other sensory stimulation from music or lights. These activities suited people's individual likes, dislikes and were tailored to their capabilities and motivation.

People's advocates were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

People were assured of receiving care in a home that was competently managed on a daily basis. The registered manager had the necessary knowledge and acquired experience to motivate the support staff team to do a good job. Support staff said there was always an 'open door' if they needed guidance from the registered manager or from any of the senior care staff in the team. Support staff said there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and by the provider.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Support staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's care records were fit for purpose and the formats for recording information and setting out guidance had been recently reviewed by the registered manager and care staff team. Care records accurately reflected the daily as well as long term care people received. Records relating to support staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision care support staff had received. Records relating to the day-to-day management and maintenance of people's own homes were kept up-to-date. Records were securely stored at the offices at Kingsfield House as well as within people's own homes to maintain confidentiality of information.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and support staff team. These audits included, for example, checking that support staff were adhering to good practice guidelines and following the procedures put in place to protect people from poor care as well as to enhance the quality of people's lives. Policies and procedures to guide care staff were in place and had been routinely updated when required.