

C. & P. Limited

Kimberley Residential Home

Inspection report

40 Mickleburgh Hill
Herne Bay
Kent
CT6 6DT

Tel: 01227374568
Website: www.kimberley-care.com

Date of inspection visit:
26 March 2019

Date of publication:
30 April 2019

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service: Kimberley Residential Home accommodates up to 36 older people who may be living with dementia. At the time of the inspection 31 people were living at the service.

People's experience of using this service:

- The provider had made improvements to the way staff were recruited but had not ensured that medicines were always stored safely. Therefore, the domain of safe continues to be rated Requires Improvement. The domains of effective, caring, responsive and well led continue to be rated Good.
- One person had not received their medicine as prescribed on one occasion.
- The provider and manager took action during our inspection to make sure medicines were stored at a safe temperature. Medicines were stored securely.
- Medicines were ordered, administered, recorded and disposed of safely.
- Changes in people's health had been identified and people were supported to see health care professionals when they needed.
- When people were at risk of losing weight they were referred to a dietician and offered a diet fortified with extra calories to reduce the risk of them losing more weight.
- Assessments of people's needs and any risks to them had been assessed.
- Care had been planned to support people in the way they preferred and to keep them as safe as possible.
- People were supported to remain as independent as possible.
- Staff were kind and caring and treated people with dignity and respect.
- Staff knew the signs of abuse and raised any concerns they had with the manager or provider and action had been taken to keep people safe.
- People were not discriminated against and received care tailored to them.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People's capacity to make specific decisions had been assessed and staff offered people choices in ways they preferred.
- The manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS) and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.
- The new manager had been promoted from the role of deputy and provided consistent leadership
- People knew the provider and manager and told us they acted on what people told them.
- Staff told us they felt supported by the manager and were motivated.
- Checks and audits were completed and any shortfalls were addressed.
- The views of people and staff were requested regularly and used to improve the service.
- There were enough staff to care for people.
- New staff were recruited safely and had the skills they needed to meet people's needs.
- Records were accurate and held securely.

Rating at last inspection:
Good (last report published 16/06/2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Kimberley Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

Kimberley residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

- Before, during and after the inspection we reviewed information we had received about the service since the last inspection. This included:
- Details about incidents the provider must notify us about, such as injuries.
- We sought feedback from a clinical nurse specialist for older people and practice paramedic.
- Providers are required to send us key information about what they do well, and improvements they plan

to make. This information helps support our inspections. We looked at the information the provider sent us in October 2018.

- We spent time observing staff with people in communal areas during the inspection.
- We spoke with the provider, manager and four staff.
- We looked at one person's care records.
- We looked at medicines records.
- We looked at recruitment records for one new staff member.
- We reviewed records relating to the management of the home.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always stored safely. Some medicines needed to be stored below 25°C to ensure they remained effective. The temperature in the medicines room in March 2019 had been consistently above this and staff had not acted to reduce it. During our inspection the medicines were moved to a cooler place. The medicines were destroyed on the advice of a pharmacist and people received medicines which had been stored at a safe temperature from stock held in the service. The provider took action during the inspection to reduce the temperature in the room. We will check their action has been effective at our next inspection.
- Some people were prescribed a medicine to thin the blood and stop clots forming. People had regular blood tests and their Warfarin was prescribed according to the test result, and the dose could change. The dose was recorded in a 'yellow book', which staff should use when administering the medicine. One person had not received one dose of their Warfarin as prescribed. Staff contacted the person's GP who advised missing one dose would not have an effect on the person.
- A health care professional told us, 'Staff are proactive about managing 'when required' medication, for example when used for pain'. Staff knew the signs that people may be in pain and offered them pain relief in line with the guidance.
- People's medicines were ordered and disposed of safely.
- Staff administering medicines had completed training and their skills had been assessed to make sure they were competent.

Staffing and recruitment

- Staff recruitment processes had improved since our February 2016 inspection and staff were now recruited safely. Checks on staff's character and previous employment including dates of employment and reasons for any gaps in employment had been obtained.
- There were enough staff to meet people's needs, when they wanted. The provider considered people's needs, staff skills and the lay out of the building when deciding how many staff to deploy on each shift.
- Staff responded promptly to people's requests for support.

Systems and processes to safeguard people from the risk of abuse

- Policies were in operation to safeguard people from abuse and available to staff. Staff knew about different types of abuse and were comfortable to report any concerns to the manager or provider.
- Concerns raised had been addressed quickly and discussed with the local authority safeguarding team. Any advice had been acted on to keep people safe.
- Staff knew how to whistle blow outside of the service if they needed to.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and guidance was in place and followed by staff.
- The risk of people developing pressure ulcers had been assessed and reviewed. Staff supported people to change their position regularly and used pressure relieving equipment effectively.
- People were protected from the risk of choking. People who may be at risk had been referred to a speech and language therapist. Meals and drinks were prepared to meet people's needs.
- People were moved safely. Staff followed guidance in people's care plans about equipment and techniques when they moved people. One person told us they felt safe and comfortable when staff supported them to move using a hoist.
- Staff had completed fire training and knew how to evacuate people in an emergency. Everyone had a personal evacuation plan in place.
- Risks relating to the building has been assessed and regular checks were completed to ensure the action taken to mitigate risks remained effective.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any patterns and trends.
- Action was taken to learn from accidents. For example, if people fell staff looked at ways to help them remain safe such as alarm mats.

Preventing and controlling infection

- The service was clean and odour free.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider met with people and their loved ones to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- People and their loved ones were asked to share information about people's lives before they moved into the service to help staff get to know people and understand what they liked.
- People's needs had been assessed using recognised tools such as MUST to assess people's nutritional needs, following best practice guidance.

Supporting people to live healthier lives, access healthcare services and support

- People were weighed regularly. When people lost weight, they were referred to the dietician for advice. Staff followed recognised best practice guidance and everyone was offered food and drinks fortified with extra calories.
- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. The advanced paramedic told us, 'The staff are good at reporting concerns about health early and proactively'.
- People had access to health professionals such as dentists, opticians and chiropodists.
- People were encouraged to be as active as possible and lead as healthy a life as they wanted.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their loved ones were able to have meals together if they chose. Everyone we spoke with told us they liked the food at the service. One person's loved one commented, "The food is unbelievable, really good. The chefs are brilliant".
- People were involved in planning the menus. Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences.
- Staff knew what people preferred to eat and if they did not fancy what was on the menu staff offered them alternatives they liked.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals including the practice paramedic and local frailty team to meet people's needs.
- When people's needs changed staff advocated strongly for them to ensure their needs were met by the most appropriate health care professionals, such as the mental health team and psycho-geriatrician.

Ensuring consent to care and treatment in line with law 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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications for DoLS authorisations had been made in line with MCA. No one had conditions on their DoLS. People were not restricted and were free to move around the building and grounds.
- People's capacity to make specific decisions had been assessed. Staff offered people choices in ways they preferred, such as showing them items.
- When people were not able to make a decision, decisions were made in their best interests by staff and people who knew the person well. Staff knew who was able to legally make decisions on people's behalf.

Staff support: induction, training, skills and experience

- Staff completed training appropriate to their role including topics specific to the needs of the people they supported, such as diabetes and dementia.
- Staff took part in some practical training, such as using hoists and evacuation equipment to practice using the equipment safely.
- One staff member attended training provided by the local CCG and shared their learning with other staff. They explained to us how they had shown another staff member the skills to treat a small skin tear and this had helped the person's skin heal quickly.
- New staff completed an induction including shadowing more experienced staff to get to know people's choices and preferences. New staff who did not have a recognised qualification in care completed the Care Certificate, an identified set of standards that staff adhere to in their daily working life.
- Staff met with a supervisor regularly to discuss their practice and development.
- The manager was completing an appraisal of all staff. Where improvements were required, development plans were agreed with staff.

Adapting service, design, decoration to meet people's needs

- New dementia friendly signs had been installed at the service to help people move around the building. We observed people moving between different areas of the service without the support of staff.
- All areas of the building and garden were accessible to people using the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. One person's relative told us, "My loved one is looked after very well". Another relative had commented to the provider, 'I was impressed by the self-evident care that staff had for people'.
- Staff knew people well and spent time chatting with them about things they enjoyed. One person's loved one commented, "They know the little things about my loved one".
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace by a staff member dedicated solely to them.
- People had regular opportunities to chat about their sexual orientation and gender identity and their responses were respected.
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.
- Staff spoke with people and referred to them with respect. They described people in positive ways, such as their sense of humour.

Supporting people to express their views and be involved in making decisions about their care

- People and their loved ones had been asked about their lifestyle choices and these were respected. This included supporting people to continue to follow their chosen religion.
- Staff knew what may cause people to become anxious and gave them the reassurance they needed. One person's relative told us staff played their loved one's favourite music when they were anxious and this always calmed them.
- Staff supported people to communicate their needs and preferences, such as talking at a volume the person could hear or writing responses down for them to read and refer to later.
- People who needed support to share their views were supported by their families, social worker or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. We observed staff encouraging and supporting people to do things for themselves.
- People were encouraged to maintain relationships that were important to them. Visitors were welcome at any time and were encouraged to join in with activities and events. One person's relative told us they enjoyed supporting staff to maintain the garden.
- People were able to meet their loved ones in private and spend time alone together.

- People had privacy and we observed, staff knocking on doors and waiting to be asked in.
- The provider knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their loved ones had planned their care with staff, including how they preferred to be supported.
- Guidance was in place for staff about people's needs, preferences, life history and how they liked their care provided. The was regularly reviewed to make sure it was accurate.
- Staff knew people's likes, dislikes and preferences. This included people's favourite films and where they preferred to spend their time.
- Staff knew people's preferred routines and staff supported them to continue with these. The routines at the service were flexible to people's needs and wishes. For example, people got up when they wished and their breakfast was prepared when they wanted it.
- People took part in a range of activities. We observed people doing quizzes, watching their favourite television programmes and chatting to staff. People continued to be involved in domestic tasks such as folding laundry.
- People enjoyed spending time with pets and their loved ones brought dogs to visit them. A pet therapy dog also visited regularly.
- Staff spent time on an individual basis with people who preferred not to join in group activities.

Improving care quality in response to complaints or concerns

- A process was in place to receive, investigate and respond to complaints to people's satisfaction.
- People and their loved ones told us day to day concerns they had were addressed so there was no need to raise a complaint. Everyone told us they were confident to raise any concerns they had and comments they made had been acted on.

End of life care and support

- People had been supported to complete advanced care plans which included illnesses, decisions not to have cardiopulmonary resuscitation (CPR), where they wish to be and who they would like with them. People had written their plans with their loved ones, geriatrician, the practice paramedic and staff.
- Staff worked with people's GP and community nurses to support them to be comfortable and remain at the service at the end of their life if they wanted to.
- Staff made sure pain relief and other end of life medicines were in stock before they were required and contacted the community nurses quickly when people needed them.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The previous registered manager had left two weeks before our inspection. The deputy manager had been promoted to the role of manager and intended to register with CQC.
- The manager knew people and staff well and was supported by the provider and the staff team.
- The provider had a clear vision of the service which included respecting people's individuality and treating them with dignity and respect. Staff shared this vision and worked as a team.
- A health care professional told us the provider was, 'Honest when things go wrong'. We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

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

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings.
- The manager had supported staff who were not fulfilling their role to understand what was expected of them and develop their skills. Where staff's practice had not improved the disciplinary process had been followed and they no longer worked at the service.
- Staff told us they were motivated and felt appreciated by the manager. Staff told us the manager was "approachable" and "fair".
- Staff worked together as a team and told us "everyone worked together". A new staff member told us they "Feel part of the family already" .
- The provider had conspicuously displayed their CQC quality rating in the reception area and on their website, so people, visitors and those seeking information about the service were informed of our judgments.

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

- Everyone we spoke with told us they felt involved and informed about what was happening at the service.
- There was an open culture and the provider and manager encouraged people and their loved ones to share their views of the service. This included meetings to inform people, their loved ones and staff of changes at the service.
- People knew the provider and manager well and raised any concerns with them. They agreed solutions

with people and their loved ones to meet their needs and their preferences.

Continuous learning and improving care

- ☐ Checks and audits of the service had been completed and action had been taken to address any shortfalls found.
- ☐ The provider completed regular informal checks on the service. They had an office in the building and often walked the floor and spoke to people and staff, to check the service was being operated as they expected.
- ☐ Records of people's care were detailed and up to date. The manager planned to work with staff to further improve record keeping.

Working in partnership with others

- ☐ The provider is a member of Kent integrated care alliance and kept their knowledge up to date through regular updates.
- ☐ The service had been invited to work with the local mental health team to pilot a new mental health traffic light assessment scheme.
- ☐ The manager received information about the local clinical commissioning group (CCG) about local service improvements and acted on these. They had joined the 'red bag scheme' a system designed to ensure hospital staff had quick access to important information about people and their needs, including their need to wear hearing aids or glasses.