

Mr Muhammed Mobeen Mian Imtiaz

# Kimberley Grace Care Home

## Inspection report

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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

Kimberley Grace Care Home is a residential care home providing personal and nursing care for up to 17 older people. Some people who resided at the service were living with dementia. At the time of our inspection there were 14 people living at the service. Kimberley Grace Care Home accommodates people in one adapted building across three floors.

People's experience of using this service and what we found

People we spoke with were positive about their experience of living at the service. A relative told us, "I have been really impressed with the service, all the staff are good they have a good team."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

People and their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 requires improvement (published 5 February 2020). At this inspection the service has improved to good.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kimberley Grace Care Home 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Kimberley Grace Care 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. 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The service was inspected by one inspector.

#### Service and service type

Kimberley Grace Care 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, operational director and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection in December 2019, not all risks for people using the service had been identified and assessed and improvements were required to medication practices. At this inspection we found improvements had been made and the service was no longer in breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- A new system for care planning and risk assessment had been implemented. Care plans and risk assessments were regularly reviewed and relevant to people's care needs.
- Care plans were detailed and contained all the information staff needed to support people safely. This included identifying specific healthcare and support needs people might have such as, diabetic support or support with catheter care.
- The registered manager completed regular audits of the environment to identify any issues and addressed these.
- Regular maintenance checks were completed to ensure equipment was safe to use.
- A fire risk assessment had recently been completed for the service and each person had a fire evacuation plan.
- In the event of an evacuation the registered manager had put together a grab bag containing all the information needed to facilitate continued support.

### Using medicines safely

- People were supported to take their medicines safely.
- One person told us, "I need to take painkillers, the staff give them to me four times a day."
- Staff told us they had received training in how to support people with medicines safely and they repeated this training yearly.
- Medication administration records were in good order and contained all the information staff needed. Medication profiles were in place identifying what medication was needed for and any side effects staff should observe for.
- Where people had as and when required medication, there were clear protocols in place to guide staff.
- Regular audits were completed to check medicines were being managed safely.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns.
- People told us they felt safe living at the service and well supported by the staff.

- Staff had received training in how to safeguard people and knew how to raise concerns. One member of staff said, "I would report any concern to my manager and write a statement for safeguarding. If no action was taken, I could report to the council safeguarding team and a social worker will investigate."
- The registered manager understood their responsibilities in regard to safeguarding and had worked with the local authority and families to safeguard people when required.

#### Staffing and recruitment

- There was a consistent staff team at the service. Staff told us they worked well together and had a good team.
- People told us there were enough staff to support them. One person said, "I respect all the staff, they are all good." Another person said, "Staff are always around."
- The registered manager used a tool to calculate staffing needs and where needed had increased staffing numbers.
- There was an effective recruitment process in place. The registered manager checked staff recruited were suitable for the role they were employed for.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager had systems in place to monitor accidents, incidents, safeguarding and falls. Information and lessons learned were shared with staff during meetings and daily handovers.
- Following the last inspection the registered manager and provider had implemented and worked through an action plan to make improvements at the service.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in December 2019 arrangements were not in place to ensure staff received mandatory training, induction, supervision and an appraisal of their overall performance. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach.

Staff support: induction, training, skills and experience

- Staff were supported to obtain the knowledge and skills they needed to provide care.
- Staff told us they had completed a number of training courses including, end of life care, infection control, medicines training and sepsis awareness. A member of staff said, "We do train yearly and we have recently had face to face training for moving and handling." Another member of staff said, "I have had training from the nurses who come in and train us on topics such as catheter care and sepsis."
- Staff had also completed training on monitoring people's vital signs such as blood pressure and oxygen levels. This information can then be shared with other health professionals such as the GP when needed.
- Staff felt support by the senior team and had regular staff meetings and supervision sessions to discuss performance and any training required.
- The registered manager kept records and had a system in place to complete supervision and appraisals with staff.

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

- Before people came to live at the service their needs were assessed. Support was planned individually to each person and their wishes and choices were considered. One person told us, "We are given choices over everything, I chose to be with everyone rather than stay in my room. I like to go to bed later so I can watch television, we have choice."
- Care plans considered people's diverse needs and equality characteristics.

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

- People were supported to have a balanced diet.
- People were generally positive about the food. One person said, "The food is fair it depends on your taste." Another person said, "The food is good plenty of it."
- Staff supported people with specific dietary needs such as low sodium meals, textured diets and diabetic diets.
- Staff monitored people for weight loss and swallowing difficulties and if required made referrals to the GP for assessment and review.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with other healthcare professionals to ensure people accessed timely healthcare.
- The GP reviewed people monthly and people were able to access appointments when needed. The GP surgery provided a practice nurse who attended to do physical health reviews when people were unwell. One person said, "I have seen the GP for my swollen legs, I need to keep them raised."
- Staff have also worked closely with district nurses who had provided training on monitoring health conditions and the dementia team who were providing specific training to staff on how to support individual needs.
- The registered manager had implemented guidance on oral healthcare and supported people with dental care needs.

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

- The provider had continued with refurbishment of the property. This had included making the environment dementia friendly with the decoration and signage, making areas easily identifiable such as bathrooms and toilets.
- Work had been completed on the garden which was now paved and made safer for people to access. There had been an addition of garden furniture and some raised planters. The registered manager told us they would continue to develop the garden.
- One member of staff said, "The provider has supplied new equipment such as new hoists and beds which are adjustable." Staff also told us that people were able to recognise the door colour of their rooms, which had helped them to navigate their way around the service."
- People told us they had comfortable rooms and we saw they had been personalised with their belongings. One person said, "The staff have put all my photos around my room for me to see and my little bits and pieces."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments and best interest assessments had been completed.
- People told us they were supported with choices and making their own decisions.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with was complimentary of the staff team and the support they received.
- We observed staff having positive interactions with people throughout the inspection.
- Staff treated people with dignity and respect. We saw staff sitting and talking with people, ensuring they were at eye level and facing people when talking with them.
- Staff were kind and caring towards people, immediately addressing people's distress to offer reassurance with positive outcomes observed.
- Care plans contained all the information staff needed to support people with dignity whilst encouraging their independence.
- One member of staff said, "We want to give people the best care to support their health and independence."
- People were supported to stay in contact with their friends and relatives and the service was following guidance on safe visiting. One person said, "My friend comes every week and sometimes we will go out to a café and watch the world go by for a bit."

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

- Staff spent time with people and relatives to ensure care was planned in a way that supported their needs and gave them choice over their care.
- A relative said, "There is good communication with staff and they listen to what you say and any requests you may have."
- The registered manager held meetings with people to get their feedback and discuss their care. They also asked for people to give feedback with surveys. One person said, "I recently filled in one of those surveys."
- The registered manager and staff spent time talking with people about their care and when needed arranged for other the involvement of other healthcare workers such as social workers.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection to the service in December 2019, people's care plans did not accurately reflect their care and support needs and how these were to be delivered by staff. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found at this inspection improvements had been made and the service was no longer in breach.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider and registered manager had fully implemented a new care planning system since the last inspection.
- Care plans we reviewed were person centred and contained all the information staff needed to support people. Care plans and risk assessments were frequently reviewed to contained up to date information. One member of staff said, "If there are any changes with people the care plans are updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were assessed to see how their communication needs could be best met.
- Communication care plans were in place detailing what support people may need.
- The registered manager had spent time researching different communication aids. They showed us picture books they had to help people communicate and picture menus they used to help people chose what food they would like to eat.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people told us they preferred to spend time in the company of others, although some people we met said they preferred to spend their time in their rooms.
- People told us they had enough to keep them occupied. One person we spoke with in their room had all the objects they needed to provide them comfort within reach. They told us, "I only like to watch television for a few hours a day, I really like to listen to the radio." They went on to show us their radio speaker and television remote. We saw they also had their call alarm and drinks within reach.
- Another person said, "I prefer the company of others otherwise it would get lonely and boring. I like to watch quiz shows or do crosswords."

- We saw another person was enjoying doing their knitting and they told us they were knitting a shawl.
- Staff told us they usually facilitated one planned activity a day with everyone and supported individual activities. The registered manager told us they had several activities planned in December for the build up to Christmas.

#### Improving care quality in response to complaints or concerns

- The registered manager had systems in place to record, investigate and respond to any complaints raised with the service.
- Where complaints had been made the registered manager worked with people and relatives to resolve these.
- The service also received several compliments. One compliment said, 'The staff are amazing, friendly polite and welcoming.'

#### End of life care and support

- People had care plans in place to support them at the end of their life.
- Staff told us they had received training in how to support people at the end of their life.
- When needed the registered manager worked with other health professionals to ensure people were comfortable such as the palliative care team and GPs.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection to the service in December 2019, suitable arrangements were not in place to assess and monitor the quality of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

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

- The registered manager and staff had been proactive in driving improvements at the service with the support of the provider and operations manager.
- There was a positive and open culture at the service. People told us they could talk to the registered manager or staff if they had any issues. Staff told us the registered manager was always available and supportive to them.
- The registered manager had embedded quality improvements and monitoring at the service. They had made improvements in the environment for people and had implemented a new care planning system.
- Regular audits were completed and entered onto a home action plan to continuously drive improvements.
- The registered manager understood their responsibilities under duty of candour to be open and honest when things go wrong.
- One relative told us, "[manager's name] is a good manager you can see how hard they have worked to make improvements."

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

- Staff were clear about their roles. A new deputy manager had been appointed in the last month to support the registered manager.
- Staff told us they felt well supported working at the service and had a good team. Staff were positive about the changes since the last inspection.
- The registered manager was clear about their role in improving quality and working within regulatory requirements.
- Notifications about important incidents at the service were submitted promptly.
- Staff were positive and engaging with people and shared the registered managers vision for the service.

One member of staff said, "We want people to feel happy and safe and have a better life."

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

- The registered manager sought feedback from all who came into contact with the service. This included people, relatives, staff and visiting health professionals.
- The registered manager met with people individually as well as holding meetings together with people who lived at the service. We saw from meeting minutes all aspects of living at the service were discussed.
- The registered manager also sought feedback through the use of surveys.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals such as GPs, district nurses, social workers and the dementia team, to ensure people's needs were met and they had positive outcomes whilst living at the service.
- Staff also received training from the district nursing and practice nurses on monitoring people's vital signs and recording these. Additional training on use of personal protective equipment and infection control, amongst other subjects had also been provided to keep people safe.