Kimberley Residential Homes Limited

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Inspection report

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Date of inspection visit:
12 December 2016

Date of publication:
05 January 2017

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

This unannounced inspection took place on 12 December 2016. At our previous inspection on 10 April 2014 the service met the five legal standards that we inspected.

Kimberley Residential Home provides personal care for up to 22 people. On the day of the visit there were 21 people using the service. The service is spread over three floors and has a chair lift access. There service has eight single rooms and seven shared rooms.

There was a registered manager in place on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission 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.'

We noted that the flooring in the kitchen and some bathrooms needed to be replaced as they were worn in places and stained. Tiling and skirting boards in some bathrooms needed replacing. In addition, the walls in the conservatory had chipped paint and damaged wall paper needed redecorating. We asked the registered manager and provider about these and they told and showed us a maintenance plan was in place but they had no time frame. The above did not ensure that people were cared for in a properly maintained environment.

Medicines were administered and stored safely. However, we found shortfalls in the recording of medicines and in the checking of controlled medicines. Although the same issues had been identified in a recent medicine audit, they had not yet been fully addressed. This meant that controlled drugs were not checked in accordance with the policy to ensure that any discrepancies were identified and rectified.

People told us they felt safe living at Kimberley Residential. Staff were aware of the safeguarding procedures in place and had attended safeguarding adults training to ensure they understood how to protect people from avoidable harm. Risks to people and the environment were assessed and appropriate steps were taken to mitigate them. Incidents and accidents were managed safely and learning from incidents was shared during handovers and staff meetings.

People told us they were treated with dignity and respect and felt there were enough staff to look after them. They were supported to take part in activities that suited them and told us they were able to raise any concerns about their care. We saw staff interact with people in a polite and pleasant manner.

Staffing levels had been reviewed recently with the appointment of another cook and a second housekeeper being considered in order to ensure staff had enough time to support people effectively.

Staff received appropriate support, training, appraisal and supervision. They understood their responsibilities under the Mental Capacity Act (2005) and ensured they sought for consent before care was

delivered.

Care plans were reviewed regularly and reflected people's current support needs. People were involved in planning their care and told us they could choose when to wake up or go to bed.

People, their relatives and staff told us the management was approachable and listened to any suggestions to improve the care delivered. There were effective quality assurance processes in place to ensure people's views about quality were heard. However, although there was an audit system in place more time was required to complete the actions identified. We made a recommendation about record keeping.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always consistently safe. We found shortfalls in the way medicines were recorded and checked as well as the maintenance of the premises. Although the current audits had identified the same issues they were still to be fully addressed.

People told us they felt safe living at Kimberley Residential Home. Staff were aware of the procedures in place to protect people from harm.

Appropriate recruitment and disciplinary procedures were in place in order to protect people from unsuitable staff.

Risk assessments for people and their environment were completed and updated in order to minimise harm.

Is the service effective?

Good

The service was effective. People and their relatives told us staff were knowledgeable and able to support people effectively. Staff had attended mental capacity training and were aware of their roles and responsibilities to apply the MCA 2005 in practice.

Staff were supported by means of regular training, supervision and appraisal and received a comprehensive induction programme including a period of shadowing when they first started.

People were supported to maintain a balanced diet and were offered food that met their individual preferences. Where required people were supported to maintain their health and access healthcare services.

Is the service caring?

Good

The service was caring. People told us staff were polite, kind and caring. We observed that people were treated with dignity and respect.

People were enabled to maintain their independence as far as possible.

People nearing the end of their life were supported with compassion. Other healthcare professionals were involved in order to maintain comfort.

Is the service responsive?

Good

The service was responsive. People told us staff understood their needs. There were regular meetings where people could discuss issues related to how the care was being delivered.

Care plans were updated regularly and reflected peoples, needs, hopes and aspirations People told us they enjoyed the activities which were based on peoples, hobbies and interests.

There was a complaints system in place which was known by staff and people. People and their relatives told us they were able to raise any concerns and that these were dealt with by the registered manager and one of the directors.

Is the service well-led?

Good

The service was well lead by an approachable and visible leadership team.

There were effective quality assurance and feedback mechanisms in place to ensure care was delivered safely.

Staff were aware of the values and vision of the service which included treating people as individuals and with dignity and respect.

Kimberley Residential Home Limited

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 unannounced inspection was completed by an inspector and took place on 12 December 2016.

Before the inspection we reviewed information from notifications we had received about incidents that had occurred at the service. During the inspection we spoke to nine people and six relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the two directors, three care staff, the cook, the housekeeper and the activities coordinator. We reviewed three care plans, six staff files, maintenance records, eight medicine administration record charts and audits.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. Although there was maintenance program planned, there were no exact time frames by which the work would be started or completed. We found that the premises were not always properly maintained. Downstairs, the conservatory had peeled paint in places and worn wall paper. The corridors walls and skirting boards had peeling paint. The kitchen floor which had been recently deep cleaned had visible stains which could not be removed and was worn and needed replacing. Similarly the bathrooms and toilets throughout the service needed new flooring, tiling in some places and repainting of skirting boards as they were worn and did not look clean although they had been cleaned by the house keeper during the inspection.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they received their medicines on time. Staff were knowledgeable about people's medicines and what they were used for and had received appropriate training. They were able to tell us how they managed specific conditions such as epilepsy and diabetes. However, we found shortfalls in the recording of topical medicines. Six out of the eight medicine administration records showed that medicines, especially topical creams were not always signed for. This did not always ensure that prescribed medicines were given correctly. In addition daily checks to ensure controlled drugs were monitored were not always completed in accordance to the medicines policy so as to identify and investigate any discrepancies and reduce the risk of misuse of medicines. Although the recent medicines audits had picked these issues up they were still not addressed at the time of inspection and left people at risk of unsafe medicine administration practices.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Soon after the inspection the provider, sent us a detailed action plan with specified time lines to inform us of the actions they were taking to rectify the above breaches.

People told us they felt safe living at Kimberley residential. One person said, "Yes it is safe and secure here." Another person said, "I have had no cause for concern so far." A relative said, "It's good to know that there is someone with [person] 24 hours a day. It is quite safe. If anything happens they call us straight away." Staff had attended safeguarding training and were aware of the safeguarding policy and process which was also displayed on a noticeboard within the service. They were able to explain the different types of abuse and how they would record and report any witnessed or allegations of abuse. We looked at the safeguarding notifications made in 2016 and found that appropriate action had been taken to reduce the risk of the same incidents reoccurring.

Staff were aware of the accident and incident procedure in place. We reviewed the accident and incident record book and found a few recorded incidents of falls and trips. However, there were no repeated patterns or serious injuries. Risk assessments to people and the environment were kept up to date to ensure all staff

knew how to mitigate identified risks. Risk assessments included falls, choking, medicines, moving and handling and, mobility. Bedrails risk assessments were place for people with best interest decisions about bed rails.

Regular mattress checks were completed to ensure the equipment was clean and safe. We saw service records for hoists and there was a process in place to ensure slings were clean and single use. Staff attended moving and handling training and demonstrated safe moving and handling procedure throughout the inspection.

There were robust recruitment checks to ensure only staff that were suitable were employed. Records showed that before staff were employed, Disclosure and Barring Checks (DBS) were completed. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring staff had two verifiable references and proof of identity. The registered manager ensured the disciplinary process was followed in order to manage poor performances and practices that may put people's safety at risk.

People and their relatives told us they thought there were enough skilled staff most times. One person said, "The staff always come when I call but sometimes not as quickly as I would like." A relative told us, "I think the staff are the same whether at weekends or weekdays. Not sure about night time. Plus the staff do laundry and some cleaning too." Another relative told us, "There seems to be enough staff and they all know [people] really well. "During our visit call bells were answered promptly. These were monitored by the registered manager.

The staff team had been increased to release more time for the care staff to be with people. There was now an activities coordinator and recruitment in progress for a second housekeeper. We reviewed staff Rotas and found that there were usually three staff on duty during the day and two at night. Recently day staff had increased to four staff including one senior care staff. The registered manager, cook and one of the directors were also on site during the day. Staff told us that any short term absences were usually covered and rotas we saw confirmed this.

Good

Is the service effective?

Our findings

People told us they were happy with the knowledge and skills of staff that supported them. One person said, "Staff are very good, they help me without making me feel like an invalid." Another person told us, "Staff are very helpful. It's a joint effort to get me up and out of bed." A third person said, "Staff have a chat with me whilst helping me and that puts me at ease." Relatives told us that they were happy with staff responses to people's calls for assistance. One relative said, "Yes, the staff are very welcoming and attentive to the needs of people living here."

Staff told us they were supported by the registered manager and the directors and that they were happy working at the service. "One staff said, "We are a great team. Everyone helps and if there are any issues we can talk to the manager and raise them at team meetings." We reviewed records and saw that staff had to complete a comprehensive induction program before they started work which included familiarizing themselves with policies and procedures and people using the service. A key working system was also in place to enable staff to get to know people and how to better support them. A new staff told us, "I have not been assigned as a key worker yet as the manager is still assessing and observing to see who I have struck a good rapport with."

There was a regular supervision in place to enable staff to discuss any areas that needed developing as well as reflect on good practice. Staff told us the supervision sessions were very helpful and enabled them to speak out on any issues affecting their work as well as request for appropriate support. For staff that had been at the service for over a year annual appraisals were completed with clear goals and aspirations outlined for the coming year in order to improve and build on their current practice and deliver evidence based care to people. Training was a mixture of online training and classroom style training and included moving and handling, infection control, first aid, safeguarding and food hygiene where applicable.

People told us before they supported people they would always ask for their consent. We saw staff do this throughout the day, before moving or assisting people to ensure that people's wishes were respected. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. We found that the registered manager had taken appropriate steps as outlined within the MCA. Staff were aware of and acting within the conditions stipulated within the DoLS.

People were supported to maintain a balanced diet. People's food and allergy preferences were clearly noted within their care plans and known by staff. We saw that the menu was written on a board in the dining room and a corresponding pictorial menu was also displayed in order to enable all people to understand the menu choices. In addition the cook went round confirming peoples choices a few hours before the meal was ready in order to ensure people had a chance to reconsider.

People told us they were happy with the food choices. One person said, "The food is delicious, I can't fault it at all." Another person said, "The food is appetising and quite enjoyable." We saw evidence that weights were monitored monthly and that appropriate referrals had been made on the dietitian or to speech and language therapy for people identified to have swallowing or speech difficulties. A nutrition risk assessment tool was in place. However, we noted that this had not been updated for November 2016 and the manager was aware and said they would ensure this was completed for December in order to keep track of risks of malnutrition.

People were supported to access healthcare professionals when required. On the day of our visit a GP was called out to review a person who had deteriorated. We saw evidence in care records of GP visits, District Nurse visits, Ophthalmology reviews and dental reviews. Staff were aware of people with chronic illness and how to manage this safely. They knew the signs to watch out for and identify conditions such as urinary tract infections.

The environment was adapted to suit people living with dementia. We saw pictures on the doors and colourful signage to aid people in finding their rooms and communal areas. In the communal lounge there were 1950's pictures to aid reminiscence therapy and help staff engage people in meaningful conversations about their past.

Good

Is the service caring?

Our findings

People and their relatives consistently told us that staff were caring, approachable and kind. One person said, "The staff are very good. Always kind to me." Another person said, "They are very polite and listen to me." A third person said, "The staff are very pleasant. Always laughing and take time to sit and chat with me."

Staff knew people's individual communication skills, abilities and preferences. They communicated effectively with every person no matter how complex their needs. Staff demonstrated an ability to effectively manage aggression and confusion. They told us and we saw behavioural charts in use. These were used to try and identify triggers and appropriate responses to help and understand people's needs. We observed instances where staff intervened to orientate people of place or and time. We also saw an instance where staff used gentle persuasion to move a person to another room when they were agitated by the noise and activity in the main lounge .Staff know that they need to spend time with people to be caring and have concern for their wellbeing.

People told us they were treated with dignity and respect. One person said, "Yes staff are always respectful. They are very polite." Another person said, "I think I am treated very well. They respect my wishes." We saw staff address people by their preferred names and ensured people were well groomed. We observed staff sensitively support people by asking in soft tone if they needed to go to the toilet. Where people shared rooms there was a curtain in the middle of the room to maintain people's privacy and dignity. There was no formal written agreement for shared rooms. However people, relatives and staff told us consent to share a room was sought when people first moved in and where people had problems sharing they could move to a single room.

Staff understood people's professions, preferences, needs, hopes and aspirations. We observed interactions between all staff including the housekeeper and cook and people. Staff consistently demonstrated an in depth knowledge of people's needs and paid attention to promoting dignity and respect at all times. For example, they offered tissues to people who needed them, offered a change of clothes where clothes were visibly dirty and repositioned people when they were sitting in a slumped posture. They knew people's hobbies and used these to start relevant conversations.

Staff were aware of the need to maintain confidentiality. We saw that they ensured records containing personal information were kept securely. We overheard staff verifying first who was on the phone before disclosing any information. Staff told us they would always ask for people's consent before divulging information. We saw staff go off to private areas to discuss any issues with relatives and people.

People nearing the end of their life received compassionate care from staff who understood their needs. Staff told us, "We build relationships over time and it is always hard when someone is coming to the end of their journey. We do the best we can to support them and their family." People were given support when making decisions about their preferences for end of life care. These were clearly documented in their care plans. Where necessary, people and staff were supported by palliative care specialists, district nurses and

GP's.

Good

Is the service responsive?

Our findings

People told us staff were very flexible and enabled them to choose how and when they wanted to be supported. One person said, "They listen to my requests. I get up when I want or can have a lie in if I wish." Another person told us, "They come quickly when I call and always help." We observed that people woke up when they wanted and chose to stay in their rooms if they wished. Staff responded promptly to people's calls for assistance.

Care plans reflected people's needs, choices and preferences. When people's needs changed, care plans were reviewed to reflect the new support needs. They described what staff needed to do to ensure people's needs were met according to their preferences. They outlined people's religious and cultural preferences and whether they wanted personal care to be provider by staff of the same gender. Care records were comprehensive and included a briefer care outline entitled "My goals and outcomes", "What's important to me" and "about me" In addition in people's rooms there was a board explaining in brief people's support needs in order to remind new staff and agency staff of people's needs. There was a key working system in place to enable staff to get to know people well and build a rapport as well as look after people's personal belongings and laundry. People received personalised care.

People were protected from the risks of social isolation and loneliness. They were offered one to one conversations and encouraged to maintain contact with their relatives and those close to them. People told us they received visitors any time and were free to receive them in communal areas or in their rooms. There was also a quiet lounge where people could go with their visitors if they needed privacy. One person said, "My family come often." A relative told us, "We visit at any time and have had no restrictions. Staff are always welcoming."

Activities were based on people's preferences. For example, we saw staff discussing football results with a person who was a fan of football team. We also saw some people participate in singing and dancing. One person said, "I enjoy the activities. I love song and dance." Another person said, "I like to sit and have a chat and a laugh. It's good fun. Each person had a record of all activities engaged in an activities coordinator had been employed to ensure people were kept engaged and stimulated.

People told us they were able to express their feelings via the complaints process or comments and suggestion box. We reviewed the complaints register and found all complaints were acknowledged, investigated and resolved. There was a system in place to review comments and suggestions monthly. One person said, "I tell the manager if I am upset about anything. They do help." A relative told us, "The manager listens and has resolved our complaints. They are quite approachable and understanding." The complaints policy was displayed within the service. Staff were aware of the process and told us that they would inform the manager of any complaints. We reviewed the policy and found that it had been recently updated but could be updated further to signpost people as to what to do if their complaint had not been resolved.

Good

Is the service well-led?

Our findings

The service was well led. Although we found shortfalls with maintenance, medicines management and record keeping, the registered manager had been in post for six months and had made many improvements to the services. The issues we highlighted at the time of inspection had already been identified prior to the inspection and were in the process of being rectified. Records were in the process of being updated and reflected people's current needs. However, we noted that care plans were not always dated or signed consistently. We recommend that best practice record keeping guidelines that have been sought and followed and monitored.

The registered manager understood their legal obligations. Registered services are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager had correctly notified us of any significant incidents and errors and had shared their response and plans for improvement to reduce the likelihood or reoccurrence.

People and their relatives told us the manager was approachable and helpful." One person said, "That's the one in charge, she is very good, helps out and sits down to have a laugh and chat with us." Relatives told us they thought there was an open door policy where they could approach the manager at any time. One relative said, "Both the manager and director show a genuine interest in [person] and have done all they can to help [person] settle here." Some relatives also brought some Doughnut for everyone to have with their tea. There was a calm and relaxed atmosphere with regular bouts of laughter and constant conversation between people, staff and their relatives.

There were robust quality assurance arrangements in place which ensured people's views about aspects of the quality of care delivered were listened to. These involved regular "resident meetings" and annual satisfaction surveys. People, their family and friends were regularly involved with the service in a meaningful way. On the day of the visit a residents' meeting was in progress. Everyone was given the opportunity to say what food and what music they wanted at the forthcoming Christmas party. They were also asked if they thought any aspect of the service could be improved and some suggested fixing the Christmas decorations that needed to fixed back in place. We also saw that annual satisfaction surveys with clear actions were completed. We reviewed the last survey completed in August 2016 by 19 people and found that areas identified for improvement had been addressed. These included choice of drink and improved signage to enable people to find their rooms.

The service has a clear vision and set of values that were understood and consistently put into practice by staff. These included respecting people and treating them as an individual. Staff were aware of their roles and responsibilities and told us they felt supported by the registered manager and could question practice and report concerns about the care delivered. They said the management team listened. One staff said, "Yes, the manager and the director listen to our complaints. We now have a second cook and have been told a second housekeeper will be employed soon, to ease off the pressure for care staff".

Health and safety risks were assessed and mitigated. These included routine service checks of gas electrical

and fire safety were completed. Infection control and medicines audits were completed regularly with clear timelines for any identified improvements in order to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Aspects of medicines management were not safe. Controlled drugs were not checked daily to ensure no discrepancies and in accordance with the medicine management policy. Medicine administration records were not always completed properly Regulation 12 2 (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises used by the service provider were not always clean or properly maintained. The conservatory, bathroom and corridors needed redecorating to ensure they could be cleaned and maintained properly. Regulation 15 1 (a) (e)