

Firstsmile Limited

Kibworth Court

Inspection report

Kibworth Court Residential Care Home
Smeeton Road
Kibworth
Leicestershire
LE8 0LG

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Tel: 01162792828

Website: www.newbloom.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kibworth Court is a residential care home providing personal care and accommodation for up to 45 older people in one adapted building. At the time of our inspection there were 35 people using the service, many of whom were living with dementia.

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

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to identify and report abuse. Risks to people were assessed and measures were put in place to reduce them.

People were supported by sufficient numbers of staff to meet their needs and keep them safe. People received their medicines safely and as prescribed. Staff understood their responsibilities and followed safe practices to protect people from the risk of infections. There were systems in place to ensure lessons were learned when things went wrong, so that improvements could be made to the service and the quality of care provided.

Staff underwent training to ensure they had the skills and knowledge to meet people's needs and provide personalised care. People were supported to maintain good health and well-being. They were encouraged to maintain a balanced diet and their nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had governance systems in place to ensure the service and quality of care provided were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision. People, relatives and staff were consulted about the service and feedback used to drive improvements and develop the service.

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

Rating at last inspection and follow up

The last rating for the service was Requires Improvement (published on 11 September 2021). We found breaches of Regulations 12 and 17 and issued a Warning Notice. We undertook a focused inspection on 12 January 2022 (published 10 February 2022). Although we did not change the rating of requires improvement, we found the provider had met the requirements of the Warning Notice and was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Good ●

Is the service effective?

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

Good ●

Is the service well-led?

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

Good ●

Kibworth Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors and an Expert-by-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kibworth Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kibworth Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider time to share this information as part of this inspection.

During the inspection

We spoke with 7 people and 1 relative to gain their views about the service. We also spoke with 8 staff members including the provider, the registered manager, the maintenance person, a cook and care staff. We reviewed 4 people's care plans and checked a sample of people's medicines and records. We also reviewed recruitment files for 3 staff, staff training records and range of records relating to the day to day management of the service, including key policies and procedures.

Is the service safe?

Our findings

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

At our last focussed inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks relating to people's health and care needs were assessed. Risk assessments contained information about specific risks to people for staff to be aware of.
- Staff demonstrated they understood risks for people and the measures they needed to take to keep people and others safe from harm. One staff member told us, "If I am not sure about anything, for example using a piece of equipment, I ask [registered manager] or senior staff and they take the time to show me and make sure things are done safely."
- Risk assessments included guidance around positive behaviour support. These informed staff of triggers that could cause people to become emotional, upset or angry, and suggested interventions and responses to keep people safe from harm.
- Gas, water, and fire safety systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help identify and report abuse to help keep the person safe. For example, staff received training in safeguarding and knew how to report concerns.
- People told us they felt safe using the service. One person told us, "I have always felt safe and always felt confident."
- The provider followed local safeguarding protocols and worked with external agencies to ensure timely action was taken to keep people safe. The management team discussed issues with staff to ensure lessons were learnt and staff understood their responsibilities to keep people safe from abuse.

Using medicines safely

- People's medicines were stored, managed and administered safely. One person told us, "Staff give me my medication on time. They are like clockwork."
- Protocols were in place for the administration of medicines to be given to people as and when they required them, such as those for pain relief.
- Staff had received training and their competency was assessed to check they administered medicines correctly.
- Records showed people were supported to take their medicines safely and as prescribed. Electronic Medicine Administration Records (MAR) were completed by staff after they had administered medicines.
- Risks relating to people's medicines were set out within people's medicine files to make staff aware of possible side effects. Body maps were used to guide staff on the correct area of application for transdermal medicines, such as creams and patches.

- The registered manager undertook regular audits of medicines and medicine records to ensure processes were safe.

Staffing and recruitment

- The provider relied on the use of agency staff, pending the impact of a recruitment strategy. This helped to ensure sufficient numbers of staff were deployed to meet people's needs and keep them safe.
- Staff told us agency staff were consistent and used regularly in the service. This helped to ensure people received consistent care from staff who knew them.
- People felt there were enough staff to help them. One person told us, "I use my call bell if I need help and they [staff] come straight away." A relative told us there were always staff to greet them and staff were always around whenever they visited.
- The provider used electronic staff rota planning. These records did not provide a clear audit trail on actual day to day staffing changes, such as agency and unplanned absence. The registered manager told us they would develop the system to ensure these provided an accurate record of actual staffing.
- The provider followed their recruitment procedures to ensure people were protected from staff that may not be suitable to support them. Pre-employment checks included Disclosure and barring service (DBS) security checks and references. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Preventing and controlling infection

- An infection prevention and control policy was in place to keep people safe from the spread of infection. These included policies and recommended practices to prevent visitors from catching and spreading infections.
- The provider followed the latest government guidance. PPE (personal protective equipment), such as face masks and gloves were used effectively and safely.
- The provider had assessed the risk of infection and the needs of people to determine when and where PPE is used.
- Staff told us they washed their hands thoroughly before and after providing personal care and this was confirmed by people we spoke with.
- Safety through hygiene and cleaning practices of the premises was promoted. Staff had followed advice from relevant external agencies to ensure good standards of cleanliness and hygiene were achieved and maintained.
- The provider was accessing testing for COVID-19 for people using the service and staff. At the time of our inspection, people were isolating due to COVID-19. We saw there were systems in place for infection outbreaks to be effectively prevented or managed whilst keeping people safe.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with current government guidance.

Learning lessons when things go wrong

- There were procedures for the recording of incidents and accidents to learn lessons to prevent reoccurrence.
- Records showed the registered manager or other senior staff investigated accidents or incidents and action, such as reviewing a person's risk assessment, was taken.

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 comprehensive inspection this key question was rated Good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed before they moved into the home. The assessment helped the management team determine if they were able to support and meet people's needs effectively and enable them to achieve good outcomes.
- Pre-admission assessments contained details of people's needs, expectations, equality and diversity and lifestyle choices. This supported the development of personalised care planning.
- People and their representatives were involved in the assessment and decisions made about the level of support they received.

Staff support: induction, training, skills and experience

- Staff were supported with induction and training programmes to provide people with safe care. One staff member told us, "My training was in depth. There was a lot of information which you really have to read and understand each module. Seniors do observations on my working practices and maintain oversight of my work. If something isn't right, they tell me and go back to check I have corrected it. This helps me to develop in my role."
- Staff told us the management team were supportive and helped them perform in their roles. One staff member told us, "I feel valued, [Registered manager] gives me feedback if anyone has commented on the care I have provided which really helps."
- Staff told us they received supervision and feedback as part of their development. However, some regular agency staff felt this was limited. We raised this with the registered manager who told us they would ensure regular agency staff had more formal feedback and supervision.

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

- People were supported to eat and drink to maintain their health and were positive about the food provided.
- People were regularly provided with drinks and snacks and had jugs of juice within reach in their rooms throughout the day.
- We observed the lunchtime meal and saw people enjoyed this. One person told us, "There are always 2 choices of meals and the quality of food is lovely."
- Staff monitored people's dietary needs and risks, such as those related to diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals.

Supporting people to live healthier lives, access healthcare services and support; working with other

agencies

- People were supported to maintain their health and were referred to health professionals such as the local GP, district nurses and chiropodists. Staff supported people to maintain good oral healthcare where this was required.
- Care plans included the contact details of health professionals or agencies involved in their care. Staff worked well with health professionals to ensure people maintained good health and wellbeing.
- People's health and wellbeing was monitored. Records showed people attended health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- The provider had continued an upgrade and redecoration programme since our last inspection. People were able to enjoy bright and comfortable communal areas which were designed to enable people to relax.
- We saw that people felt comfortable in the service and were able to personalise their rooms with items of their choosing. One person told us, "It's comfortable, organised and pleasant. It's an easy place to live in and it's well maintained."
- People were able to interact with areas and objects around the service that providing safe stimulation and engagement. For example, a dressing up area, tactile objects and reminiscence areas.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the principles of the MCA and had received training. They told us they asked for people's consent at all times before providing them with care and support and this was confirmed by people we spoke with.
- People's choices and decisions were respected. Care plans showed if people required decisions to be made in their best interests.
- Where applicable, the registered manager had ensured authorisations for DoLS were in place for people whose liberty was being deprived. Any conditions in authorisations were included in people's care plans and kept under review.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was positive and aimed to provide people with personalised care that supported them to achieve the best possible outcomes.
- People told us they felt valued and cared for. One person told us, "It's very nice, the people who run it are very nice, that does make a difference. I have been here long enough to know."
- Staff described an open door policy where the registered manager and management team were approachable and encouraged staff to meet and respect people's individual needs.

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

- The registered manager was experienced and understood their role and responsibilities. The provider had a senior management team, including a quality and compliance manager, who supported the governance of the service.
- The provider had continued to develop systems to monitor the quality and safety of the service and set out actions where improvements could be made. For example, improvements to the environment and effective contingency planning to ensure sufficient staffing was maintained in the service.
- The registered manager and management team undertook audits and checks, including observations of staff working practices, to ensure people received good care. One staff member told us, "[Registered manager] is hands on. They walk the floor and will also do care. They are always around and approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider notified the CQC of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The provider also attended our inspection and told us they had ensured they were open and transparent with people and relatives when things went wrong.
- Records showed they had notified and liaised with the local safeguarding authority regarding concerns of abuse.

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

- People and relatives were engaged with the staff and management team and were kept informed and updated on any changes or developments in the service, such as special events.
- One person told us, "I think the home is well managed, it's very organised." A relative told us, "They have events through the year, and families come in and get together, like the jubilee, and we can talk to staff if and when we need to."
- People's voice was used to drive improvements in the service. For example, a person had raised concerns that some staff communicated in their first language in front of them, which they did not understand. The registered manager had used this feedback to make improvements and promote awareness amongst staff.
- People were able to share their views through formal resident meetings or informally on a one-to-one basis with staff or the registered manager.
- Staff told us they were able to share their views through staff meetings or directly with the management team. One staff member told us, "I enjoy working here, it has family values. I have time to talk with people, not just provide care and that means a lot to me. I can raise concerns and make suggestions directly to the managers."

Working in partnership with others: Continuous learning

- Staff worked with other social care agencies and professionals, such as GPs and pharmacists to maintain people's health and wellbeing.
- The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.