

# Community Care Solutions Limited

## Kimbolton

### 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 

### Overall summary

Kimbolton is registered to provide accommodation and support for up to six people with learning disabilities and complex needs. On the day of our visit, there were six people living in the home.

Our inspection took place on 4 and 9 March 2015 and was unannounced. At the last inspection in May 2014, the provider was meeting the regulations we looked at.

The service had a registered manager. 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.

People felt safe and were protected from the risk of harm by staff who knew how to recognise and respond to allegations of abuse.

The service had a recruitment process which ensured that suitable staff were employed to look after people safely.

# Summary of findings

There was enough qualified and experienced staff on duty to meet people's needs safely.

There were suitable arrangements for the storage and management of medicines.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a balanced diet and adequate amount of food and drinks of their choice.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported.

There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

# Summary of findings

## 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.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were risk managements plans in place to promote people's safety

Safe recruitment procedures were in place and staff rotas were organised to ensure people received support which met their needs.

There were systems in place to ensure people's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were supported by staff that had the knowledge and skills to undertake their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



### Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff supported people to promote their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People received care and support from staff that was personalised and responsive to their needs.

The service had a complaints process and people were encouraged to raise concerns.

Good



### Is the service well-led?

The service was well led.

People lived at a service that promoted a positive, open and inclusive culture.

The leadership at the service was visible which inspired staff to provide a quality service to people.

Good



# Summary of findings

The registered provider had effective systems for monitoring the quality of the service to ensure people received the support they needed to meet their care needs.

# Kimbolton

## 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 inspection took place on 4 and 9 March 2015 and was unannounced. The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the

provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities.

We spoke with three people who used the service to gain their views about the quality of the service provided and received written comments from three relatives. We also spoke with the registered manager and three care staff, to ensure that the service had robust quality systems in place.

We reviewed the care records of six people who used the service to see if their records were up to date and reflected people's needs. We also looked at other records relating to the management of the service, including quality audit records.

# Is the service safe?

## Our findings

People felt safe and protected from harm. One person told us that without staff they did not think they would be as relaxed and secure as they were. They explained that they experienced times when they became anxious and that staff kept them feeling safe because they knew how to reassure them. Relatives confirmed that people felt safe because of the actions of staff.

The registered manager and staff worked hard to ensure that there were effective systems in place to keep people safe. Staff explained to us what they considered to be abuse and were able to tell us how they would respond to allegations or incidents of abuse. They understood the lines of reporting within the organisation and were confident that any allegations would be fully investigated. People's care records showed that safeguarding concerns had been recorded within care plans and referred to the local authority for investigation when required. The safeguarding policy was displayed at the service and was accessible to people and their relatives. It contained contact details for the local authority and was in a format that people could understand. There were effective systems for ensuring concerns about people's safety were managed appropriately.

Risks to people's safety had been assessed and included those associated with falls, manual handling and engaging with the community. Staff confirmed that it was important to have robust risk assessments for people because it helped to keep them safe, both within the home and in the wider community. Risk assessments considered the most effective ways to minimize risks and were up to date and reflective of people's needs. They helped staff to determine the support people needed if they had a sudden change of condition or experienced an increased risk. Staff felt they were a valuable tool to help keep the people they supported safe and free from harm.

The service had emergency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak. Staff told us that they were made aware of the plans. We saw that there were contact details of emergency telephone numbers displayed in the service which were accessible to staff should they be required.

The registered manager understood the importance of the monitoring of accidents and incidents within the home.

Staff knew they should always report an accident, no matter how small, so that correct action could be taken and discussed the reporting process for any accidents or incidents that occurred within the service. Learning from incidents and accidents was discussed at team meetings and shared with staff through the communication book and staff supervisions. Correct action had been taken by staff and appropriate documentation completed where accidents and incidents had occurred.

There was sufficient staff available to keep people safe. Staff responded promptly to people's needs and spent time encouraging them to take part in things they enjoyed. People were supported by enough staff to ensure that each person had 'one to one' support in line with their care plans, both in the home and when out in the community attending activities. Staff confirmed that the numbers of staff on duty ensured that people received safe and effective care.

The number of staff on duty for each shift was clearly detailed on the staff rota which was prepared in advance. Staffing levels were reviewed regularly and adjusted when people's needs changed. Staff numbers were based upon people's dependency levels and were reviewed on a monthly basis. Records confirmed that a regular analysis of people's dependency levels took place to ensure that the numbers of staff was sufficient to meet people's needs. The registered manager was included within the numbers of staff on duty so that they remained aware of people's needs and could monitor for any changes, whilst providing on-going support for staff.

Staff underwent a robust recruitment process before they started to work at the home. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People were supported by staff to take their medicines safely. They received their medicines on time and told us that staff administered additional medication, including pain killers, when they asked for them. Staff had been trained in the safe handling of medicines and ensured that

## Is the service safe?

people received their medicines as prescribed. The registered manager told us that medicines were administered to people as needed and not used to control people's behaviour. We saw evidence that people's

medicines had been reviewed by the GP on a regular basis. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed.

# Is the service effective?

## Our findings

People experienced a good quality of life because staff had the appropriate skills and knowledge to meet their assessed needs. One person told us, “They know just what to do for me.” Relatives explained that staff had the right skills to support people. One said, “The staff all really understand autism.” People and relatives were confident that their needs were met by staff that were competent and able to carry out their roles and responsibilities.

New staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. Staff explained that this was beneficial in giving them experience of the work they would go on to do and helped them to understand people’s needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs.

Staff received appropriate support and training to perform their roles and meet people’s needs. A staff member said, “The training is really good here. It helps us to do our jobs in the best way we can. We can apply our knowledge practically to good use. You can never have enough training.” Staff had received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. There was a significant amount of learning resources available for staff to use to enhance the training they had received; for example in respect of person centred planning and autism. Staff confirmed that the training offered by the service was useful in ensuring that they were equipped with the skills and knowledge necessary to provide care for the people they supported.

Staff felt well supported by the manager and team leaders. One said, “We get so much support, it is all really helpful.” Staff received regular supervisions and an appraisal each year and said they found supervision invaluable and used it to identify and address their developmental needs. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

The service ensured that people’s consent to care and support was sought in line with current legislation. People and relatives confirmed that consent was obtained regarding decisions relating to their care and support. Staff told us that they obtained people’s consent before assisting them with care and support and we observed this in practice.

Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people’s capacity had been assessed and found that appropriate documentation was in place. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us the action they would take if a person’s capacity to make decisions changed.

The registered manager confirmed that some people in the service were subject to DoLS authorisation and their conversations with us demonstrated that they understood their responsibilities under DoLS arrangements.

People were regularly offered food and drinks and said that if they were hungry that they could always get extra snacks in between meal times. Staff understood that that it was important to ensure that people received adequate nutritional intake. People were supported to eat snacks if they wanted them, although staff told us they would always ensure that people were supported to maintain a healthy dietary intake. Menus were planned in advance over a four week period and staff told us that a different meal was available for people every day. People were supported to select their choice of meal with staff and they did not want what was on offer, we observed that a range of alternatives were available. During our inspection one person did not want what was on offer for the evening meal. Staff reacted positively to this and ensured that an alternative meal of the person’s choice was provided and supported them to write a shopping list and incorporated this as an additional activity into their schedule for the day.

People’s care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. Staff supported people to attend required appointments when needed and were swift to act when people’s care needs changed. Arrangements had been made for one person to be reviewed when their needs

## Is the service effective?

had changed, in order to ensure they remained well. People received on-going support from healthcare professionals in line with their needs and continuity of care because staff were guided within the records about how to meet people's care needs when their needs changed.

# Is the service caring?

## Our findings

Positive and caring relationships were developed with people who used the service. People were very happy with the care and support provided and felt that staff were very caring. One person said, "I get on really well with the staff, they all look after me." Another person told us, "This is my home; the staff are good to me." Relatives were satisfied with the care provided to family members, one said, "The care is of a high standard." We were also told, "The greatest strength is the way in which staff, residents and parents all work together to make it a good place to live."

People were involved in the planning of their care. We observed that one person met with the registered manager to talk about their care and what they wanted to achieve over the week. This made them feel involved in their care and as though they had the ability to make independent decisions about their care. People told us that staff responded swiftly to their needs when they changed and always made sure that care was person centred, according to their needs.

There was a homely atmosphere in the service and it was apparent that people considered it to be their home. On arrival one person shook our hand and was pleased to welcome us into the service. Another person offered to make a drink for us. People felt relaxed and had the freedom to do what they pleased. Support was provided in a kind and calm way and people were at ease in the presence of staff, being open and trusting of them and sharing a laugh and a joke. One staff member said, "We do what we can to help people have a fulfilling life and be empowered to make choices and decisions." Our observations demonstrated that staff had very positive relationships with the people they supported.

During our inspection we saw that both people and staff went to the registered manager to ask for help and advice. People were listened to and the registered manager demonstrated that they treated people with respect and understood their individual needs and preferences.

The service supported people to express their views and be involved in making decisions about their care and support. Staff told us they involved people and their relatives in planning and reviewing their care. People confirmed this, and relatives told us they had been involved in making decisions about their family member's care and were supported to express their views about their care. Staff consulted with and involved people with their daily living activities. Feedback was given to the registered manager and staff so that the service could be improved.

Care staff were happy in their roles and worked hard to ensure that people received the care they needed. One said, "We are a really close team who work for the benefit of service users." Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care. People were enabled to build meaningful and caring relationships with the staff.

People were treated with dignity and respect. People told us that the way in which staff communicated with them, made them feel that they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. They explained how they knocked on people's doors before entering their bedrooms and always support in a private area. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Relatives were involved in the care of people and acted on their behalf. Access to advocacy services was available to people and had recently been used for one person. A representative of a local advocacy group had attended a recent meeting at the home to introduce themselves to people and explain their service so that if this was required in the future, people had an awareness of what could be offered.

# Is the service responsive?

## Our findings

People told us that an assessment of their needs had been carried out before they came to stay in the home. Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. People told us that they had provided information about themselves so that staff would know how to support them. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff told us that people's needs were reviewed and changes were reflected in their care records. They were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. We looked at care plans for six people and saw they contained

detailed information about people's health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

Staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

People had access to a range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities in the evenings and weekends. These included cinema visits, theatre trips and social clubs. One person enjoyed going to the local bowling alley and staff supported them to do this.

Staff supported people to raise concerns if they had any and we found information in people's rooms that explained how they could complain and who they could talk to. People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. The complaints log showed that complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

# Is the service well-led?

## Our findings

The service was well led by an established team of staff. There was a registered manager and further support was given by the provider and management staff within the wider organisation. Staff told us that the registered manager was approachable and competent and had the right skills to fulfil the role. We observed staff asking questions of the registered manager during the day and being given constructive support.

During our inspection we saw there was a positive, forward thinking and open culture within the home. Staff found the staff team were close and worked well together, all having a common goal. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

People, relatives, staff and professionals were consulted regularly about the delivery of service. Staff told us that people and their family members received a satisfaction questionnaire to complete on a regular basis, which enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. Where comments had been made, we found that action plans had been developed so that action could be taken.

Staff used a pictorial questionnaire to ask each individual for their views on the service they received. There were questions about safeguarding, food and activities and how happy people were with the other people they lived with. People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff felt able to challenge ideas when they did not agree with these. Communication was good and they were enabled to influence the running of the service.

Any accident or injury was documented so that appropriate action could be taken. Systems were in place for recording accidents and incidents and we found that these were linked to people's individual care plans. There was a clear record of any incidents that had occurred and these were properly recorded and analysed to identify any patterns within the service.

The service monitored the quality of people's care and health and safety aspects of the home. Audits had been completed in areas such as infection prevention and control, medicines administration and fire safety and where action was required to be taken, it was to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The provider worked hard to identify areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service.