

# Rhodsac Community Living Ltd

# Kimwick Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Kimwick Care Home is a residential care home providing personal care and support to 4 adults at the time of the inspection. The service can support up to 4 people.

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

#### Right Support:

The service was not sufficiently well maintained or homely for people living there. Improvements were needed to the décor, fixtures, furnishings and garden. A programme of improvements commenced immediately when this was brought to the provider's attention during the inspection.

Staff understood how to protect people from poor care and abuse. People were supported safely with their medicines. There were enough staff on shift to support people and meet their needs and preferences. Staff received an induction and ongoing training for their roles. People's nutritional needs were met. Staff worked together with relatives, health and social care professionals to ensure people received consistent, effective and timely support. 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.

#### Right Care

People were supported to follow their personal interests. Systems were in place to report and follow up accidents and incidents appropriately. Recruitment checks were completed to support the provider make safe recruitment decisions. Some gaps in employment histories were found which were rectified during the inspection. Risks were assessed and reviewed regularly. People living in the service had regular house and key worker meetings where a range of relevant topics were discussed.

#### Right Culture

The provider did not have a plan in place to ensure the service was properly maintained and suitably decorated. The registered manager had effective oversight of the quality and standards of the care and support people received. They were aware of their regulatory responsibilities. People's needs were assessed and reviewed regularly and as their needs changed. People's diverse needs were included in care planning processes. Feedback surveys were used but these were not anonymous and were not distributed to relatives to invite feedback about all aspects of service provision. Staff were supported through regular team meetings and one to one supervision.

### Rating at last inspection and update

The last rating for this service was good (published 13 September 2019). A targeted inspection took place on 12 January 2022 which only looked at infection prevention and control during the COVID19 pandemic period. No rating was awarded at that time.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

### Enforcement

We found 1 breach of regulations in relation to the environment. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kimwick Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Kimwick 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 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

The inspection was carried out by 1 inspector.

#### Service and service type

Kimwick Care Home 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. Kimwick Care Home 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

We gave the service 72 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people and 3 relatives of people who lived in the service. We spoke to and/or received written feedback from 6 staff which included the registered manager and support staff. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records and meeting minutes were reviewed.

# 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 inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Processes were followed to support safe recruitment practices. Gaps found in staff employment histories were rectified during the inspection.
- Staff files contained all the other required checks under legislation to help ensure potential staff were suitable for their roles. This included records confirming staff could work legally in the UK.
- There were enough staff to provide safe care and support to people. Feedback from staff and relatives confirmed this. Positive feedback was received about staff and their approach to supporting people. One relative told us, "I think [family member] is supported very well. They are happy." Another relative said, "The staff are brilliant. They are doing a fantastic job."

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

- The provider had systems in place to safeguard people from abuse and staff knew how to follow local safeguarding processes when required.
- People were cared for safely. Staff received safeguarding training and safeguarding was discussed in team meetings and one to one supervision sessions. Staff knew how to recognise and if needed to report abuse and protect people from the risk of abuse.

### Assessing risk, safety monitoring and management

- Risks were assessed and reviewed regularly. Risk assessments and support plans contained information about known risks so staff could mitigate these as far as possible and ensure people received safe care and support. For example, risks linked to health conditions and mobilising safely.
- People were supported to take risks in a safe way to support their independence and preferences. For example, supporting people to use public transport whilst assessing whether they had the skills and confidence to do this safely on their own.

### Using medicines safely

- People received their medicines safely from trained staff. People kept their medicines in locked cabinets in their rooms and were supported by staff as needed. This included medicines to be taken at a certain time or taken without the person knowing. For example, 1 person was given their medicine in food and records showed the GP agreed this was suitable.
- The registered manager understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). One person recently reduced the medicines they took following a GP review which was positive for their health and wellbeing.
- Medicines checks and audits took place regularly to ensure any errors or areas for improvement were

promptly identified and addressed. Systems and processes were in place and followed to ensure medicines were ordered, administered, stored and disposed of safely.

#### Preventing and controlling infection

- Risks of cross contamination in the event of an outbreak of infection were higher due to wear and tear in some of the fixtures and furnishing. This is addressed further under the Effective key question.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

There were no restrictions upon visitors, in line with government guidelines.

#### Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents when required so appropriate follow up action could be taken. No accidents or incidents had occurred recently.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service was not sufficiently well maintained or homely for people living there. The provider had not maintained communal areas, people's rooms, shower and bathrooms. Improvements were required to the décor, fixtures and furnishings. Some examples included old bathroom fixtures, dirty carpets, broken furniture, damaged walls and plasterwork, tired paintwork and makeshift padding in a person's bedroom.
- Improvements were needed to make the garden suitable for people's needs. The garden was bland and uninviting. The lack of activity equipment or furniture, colour and maintenance meant it was not an appealing or enjoyable place for people to spend time.
- Maintenance issues were not always addressed promptly by the provider. For example, when kitchen appliances required renewal, showers broke down or light bulbs needed replacing. This impacted upon people's day to day routines and experiences of living in the service.
- Feedback from people and their relatives confirmed they were unhappy with some areas of the décor and maintenance of the service. One person showed us their bedroom and agreed various improvements were needed. One relative said, "There are some kitchen cupboards falling apart. It's not homely or cosy. The garage could be made into a room with a pool table, a ball pit and different activities, make it accessible to people."

The provider had failed to ensure the service was properly maintained. This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded promptly to the concerns raised during the inspection and immediately began a programme of upgrades and redecoration.

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

- People's needs were assessed and reviewed regularly and as their needs changed. Care plans were person centred and included information about people's preferences and choices. When a person's needs changed their care plan was updated.
- People's diversity needs including protected characteristics under the Equality Act 2010 were included in care planning processes. People's abilities and preferences, taking into account any health needs, were assessed and recorded so staff knew how best to support people in the way they preferred.

Staff support: induction, training, skills and experience

- When staff joined they had a comprehensive induction which involved completion of the Care Certificate

before starting in the service and also shadowing experienced staff members. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Staff received additional training in areas required to support people's individual needs. For example, how to meet any health conditions people may have and training relevant to supporting people who have a learning disability and autistic people.
- Relatives and staff told us staff got to know people and their needs well.

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

- People's nutritional needs were met. People were involved in menu planning, food shopping and meal preparation according to their personal preferences and abilities.
- Care plans included information about people's eating preferences and in the kitchen we saw pictures to support meal planning and choices for people.
- Relatives told us their family members enjoyed the food and mealtimes in the service. One relative said they knew staff supported their family member make healthier food choices which was positive for their weight and health.

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

- Staff worked together with relatives, health and social care professionals to ensure people received consistent, effective and timely care. The registered manager told us about examples where they had liaised with family members and health specialists when health issues arose for people living in the service.
- People living in the service spent their time doing things they wanted to. This included going to work, college, day centres and doing activities at home as well as out and about. Some people were re-building their confidence after spending much more time at home during the pandemic period and this was a gradual process.
- When external services were not offering support to a high enough standard, action was taken to improve this. For example, people were supported to move GP surgery when they experienced ongoing difficulties with their previous one. This led to improvements in accessing health care and medicines when needed.

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.

- We saw DoLS applications were submitted to the local authority when needed and any conditions attached to these were met.

- Staff were working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people, their relatives and others as needed. The registered manager told us about an MCA currently being arranged with a social worker to assess a person's capacity to make a specific decision.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and according to their varying abilities and how to support people appropriately.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to ensure the service was properly maintained and suitably decorated. There was no evidence they had a plan in place to resolve maintenance issues and improve the décor and furnishings until these were brought to their attention during the inspection. Action was taken immediately to begin making improvements. A proactive approach to identifying improvements and taking prompt action needed to be embedded into practice and sustained over time.
- The registered manager had effective oversight of the quality and standards of service provision. They undertook quality assurance checks in key areas including medicines and care records. They also regularly did unannounced observations of the quality of staff's care and recorded these in detail.
- Policies were in place to support the operation of the service.
- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback surveys were used to gather feedback but improvements could be made to make this process more useful. For example, surveys were not sent to relatives. Processes could be strengthened to facilitate anonymous surveys so feedback could be given freely and used to drive improvements of the service.
- People living in the service had allocated keyworkers who they met regularly to talk about a range of topics including their physical and emotional health, relationships and goals. This helped ensure service provision was led by people's needs, preferences and goals. This was also assisted by regular house meetings taking place to talk about things relevant to people living in the service.
- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and decision making, with the support of staff and other professionals where required.
- Monthly staff team meetings occurred and minutes were recorded. Team meetings provided opportunities for staff to receive information and discuss areas of their work.
- Staff worked in partnership with health and social care professionals to support people's needs being met.

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

- The registered manager promoted an open and positive culture in the service. People were supported by

staff who knew them well and helped them achieve good outcomes. For example, 1 person enjoyed researching events and activities locally and attended these with staff support.

- Positive feedback was received about the approachability and effectiveness of the registered manager. One relative said, "They always ring back if there are any issues to discuss." A member of staff stated, "I call [registered manager] a magician. She manages everything and sorts things out effortlessly."
- Most staff felt supported in their roles. The majority of staff who provided feedback told us they enjoyed working at the service, found their roles rewarding and placed people living there at the forefront of everything they did.

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 registered manager worked in an open and transparent way and was aware of their responsibilities under the duty of candour.

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 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the property, decor, fixtures, furnishings and garden were properly maintained.